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UNFPA – Funding commitments to UNFPA

United Nations Population Fund

Report on contributions by Member States and others to UNFPA and revenue projections for 2015 and future years

Summary

The present report is prepared in response to Executive Board decisions 99/5 and 2000/9, which requested the Executive Director to provide annually updated estimates of regular and co-financing resources. In line with the UNFPA strategic plan, 2014-2017, the purpose of the present report is to promote dialogue between UNFPA and its Executive Board on the overall resource situation of the Fund, while continuing to address the important goal of increasing regular resources and achieving a stable, predictable and diversified resource base.

In 2014, UNFPA contribution revenue for regular and co-financing resources was $1,002.5 million, an increase of 4.7 per cent over 2013. The breakdown of this total revenue is $477.4 million in voluntary contributions to regular resources and $525.1 million to co-financing resources. Compared with 2013, the increase in contribution revenue for regular resources in 2014 was $17.4 million, or 3.8 per cent, and the increase in contribution revenue for co-financing resources was $27.2 million, or 5.5 per cent.

In line with General Assembly resolution 67/226, UNFPA is steadfast in its belief that increasing financial contributions to the United Nations development system, particularly to regular resources, is key to fully integrating the agenda of the International Conference on Population and Development (ICPD) into national development strategies and frameworks and to enabling countries to achieve the actions for the ICPD beyond 2014 and the post-2015 sustainable development framework. Contributions to regular resources, because of their untied nature, continue to be the bedrock of the operational activities for development of the United Nations system. Furthermore, as underscored in General Assembly resolution 67/226 and in earlier resolutions, UNFPA recognizes that non-core (including co-financing) resources from a diversity of sources represent an important complement to the Fund's regular resources.

Elements of a decision

The Executive Board may wish to adopt a decision on funding commitments to UNFPA. Elements of a decision are contained in section V of the report.

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Annexes are available on the UNFPA website.

I. Introduction

1. The present report is prepared in response to Executive Board decisions 99/5 and 2000/9, which requested the Executive Director to provide annually updated estimates of regular and co-financing resources. In line with the UNFPA strategic plan, 2014-2017, the purpose of the present report is to promote dialogue between UNFPA and its Executive Board on the overall resource situation of the Fund, while continuing to address the important goal of increasing regular resources and achieving a stable, predictable and diversified resource base.

2. United Nations General Assembly resolution 67/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system (QCPR) and earlier resolutions, including 62/208 and 64/289, underscore, inter alia, that regular resources are the bedrock of the operational activities for development of the United Nations system and that increasing financial contributions to the United Nations development system, particularly to regular resources, is key to achieving internationally agreed development goals.

3. The resolutions urge countries in a position to do so to substantially increase their voluntary contributions, and to contribute in the form of multi-year commitments in order to improve the predictability of resources. The resolutions recognize that non-core resources represent an important complement to regular resources, and urge Member States making non-core contributions to reduce transaction costs and to streamline reporting requirements, where possible. While UNFPA is grateful for and values the complementarity that non-core resources provide to its work, it continues to advocate for an increase of its regular resources, as they afford neutrality, promote flexibility and enable the organization to respond more effectively to the development needs of countries.

4. UNFPA will present its resource mobilization strategy during the 2015 second regular session of the Executive Board, as requested in Executive Board decision 2014/25. This report provides further background to the strategy. In line with the QCPR, UNFPA continues to underscore the importance of increased and predictable regular resources, which are critical in implementing the Fund's strategic plan and delivering its programmes to support countries fully integrate the Programme of Action of the International Conference on Population and Development (ICPD) into national development strategies and frameworks. Moreover, regular resources enable UNFPA to support governments, civil society and other key partners to fully engage in the implementation of the recommendations of the ICPD follow-up beyond 2014 review and to position the ICPD in the post-2015 development agenda outcomes.

5. The present report contains tables on UNFPA regular and co-financing contributions. Additional data is provided in the annexes. The 2015 figures are estimates based on information received and commitments and contributions recorded as of 30 April 2015. Some of the figures presented here may vary from those in the Statistical and financial review, 2014 [DP/FPA/2015/5 (Part I)/Add.1], as the present report shows annual gross revenues which consist of amounts specified in agreements signed with donors and that are recognized as revenue in accordance with UNFPA accounting policies, regardless of the period of implementation and the payment schedule. These contributions are represented exclusive of (a) transfers to other revenue for reimbursement of tax charges; (b) refunds to donors; and (c) indirect cost recovery.

6. UNFPA is grateful to Member States for their continued political and financial support. As underscored by the QCPR, regular resources are key to the organization's operational activities for development. With the strategic plan and integrated budget for 2014-2017, UNFPA continues to engage the Executive Board members and the wider donor community to increase regular and co-financing resources in support of its strategic plan. The resources of UNFPA are deployed in line with the vision and direction of the strategic plan (colloquially known as the 'bull's eye'), which is to achieve universal access to sexual and reproductive health and reproductive rights, and focus on youth and adolescents to accelerate progress on the ICPD agenda.

7. Most importantly, the Framework of Actions for the follow-up to ICPD Beyond 2014 provides a new framing for the global consensus that social, economic and political equality, including a comprehensive definition of sexual and reproductive health and reproductive rights that reinforces women's and girls' human rights, remains the basis for individual well-being and resilience, lower population growth, sustained economic growth and sustainable development. The report highlights the fact that a number of persistent challenges have significant implications for development policy and for sustainability and sustainable development: the increasing inequalities in wealth and income; the unfulfilled gender equality and empowerment of women; the need for life-long learning and building of human capabilities, especially for young people; the necessity to address the existing inequalities in universal access to sexual and reproductive health services, including through strengthening health systems, both in rural and urban areas; and the need to redress the gaps in the capacity of countries to collect, analyse and use data.

8. In view of the critical importance of the ICPD beyond 2015 to the achievement of the transformation agenda of the United Nations and its implications for UNFPA with respect to the comprehensive and integrated responses, UNFPA requires, more than ever, adequate, consistent and predictable financial resources in order to carry out its mandate. Increased resources will allow UNFPA to enhance its support to countries in advancing the ICPD goals beyond the 2014 review and the post-2015 sustainable development framework. It is in this spirit that UNFPA appeals to the Executive Board and Member States to translate their stated commitment to achieving these goals into multi-year financial commitments to the Fund.

II. Regular and co-financing resources

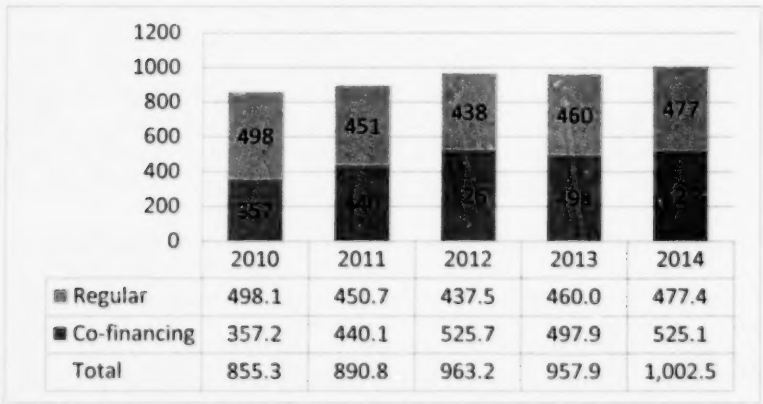
A. Contribution revenue overview of regular resources

9. In 2014, UNFPA contribution revenue for regular and co-financing resources was $1,002.5 million (table 1), an increase of 4.7 per cent over 2013. The breakdown of this total revenue is $477.4 million in voluntary contributions to regular resources and $525.1 million to co-financing resources. Compared with 2013, the increase in contribution revenue for regular resources in 2014 was $17.4 million, or 3.8 per cent, and for co-financing, there was an increase of $27.8 million, or 5.5 per cent.

10. UNFPA achieved a total of $1,002.5 million mobilized resources. It surpassed its target for regular resources for 2014 by mobilizing $477.4 million against a strategic plan target of $476.0 million, or 0.3 per cent. For co-financing, the 2014 contribution of $525.1 million fell short of the strategic plan target of $542 million, by $16.9 million, or 3.1 per cent.

Table 1. UNFPA revenue, 2010-2014, as of 31 December 2014

(in millions of $)



	2010	2011	2012	2013	2014
Regular	498.1	450.7	437.5	460.0	477.4
Co-financing	357.2	440.1	525.7	497.9	525.1
Total	855.3	890.8	963.2	957.9	1,002.5

Note: The data for 2010 to 2014 includes contributions only. It does not include interest, other income and refunds to donors.

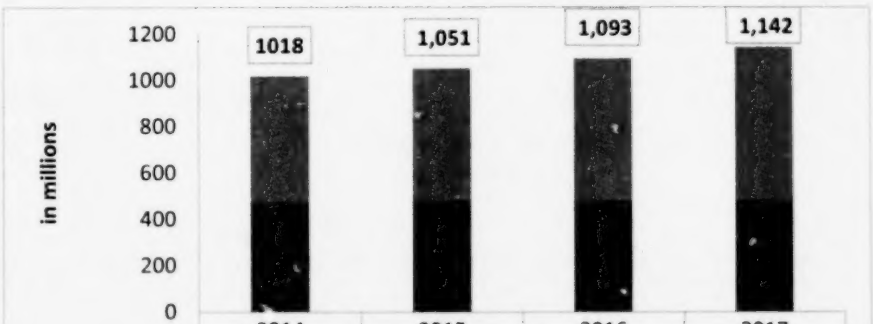
11. The notable increase of contribution revenue in 2014 is also partly in view of the organization's compliance with the International Public Sector Accounting Standards (IPSAS), wherein all contribution revenue is recorded on an accrual basis. For co-financing, UNFPA recognizes the revenue from multi-year co-financing agreements up front regardless of the schedule of payment, unless there are specific reasons to defer revenue recognition to a later stage. However, programme implementation is linked to the actual receipt of resources, in accordance with the UNFPA Financial Regulations and Rules. For regular resources, the entire amount of any multi-year contribution will not be recorded up front because, while the amount for resources for the first year is firmly determined, the amount for future years is usually indicative and subject to various conditions. UNFPA, therefore, records the contribution on a yearly basis upon written confirmation by the donor of the yearly amount or, in the absence of this, on the receipt of cash.

12. The revenue overview in table 1 is supplemented by annex 1, which provides detailed information on the UNFPA 2014 contribution revenue as of 31 December 2014, and actual commitments and best estimates of contributions for 2015 to UNFPA regular resources, based on data available as of 30 April 2015. These contribution commitments include the following: (a) commitments for 2015 only and multi-year commitments for 2015 and future years; (b) commitments for 2015 received during the United Nations pledging conference held on 10 November 2014 in New York; and (c) written and verbal indications from Governments confirming support to UNFPA for the period 2015 and onwards.

13. The total number of donor Governments in 2014 was 132, compared with 135 in 2013, of which 41 are multi-year commitments. Notably, 13 countries belonging to the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD-DAC), as well as 25 programme countries that have made contribution commitments, have increased their contributions to regular resources in 2014. The increases were recorded on the actual commitment currencies in which pledges were received and paid. Also, 11 OECD-DAC member countries and 14 programme countries have increased their contributions to co-financing resources.

Table 2. UNFPA strategic plan contribution revenue targets, 2014-2017

(in millions of $)



	2014	2015	2016	2017
Co-financing	542	573	611	656
Regular	476	478	482	486
Total	1018	1,051	1,093	1,142

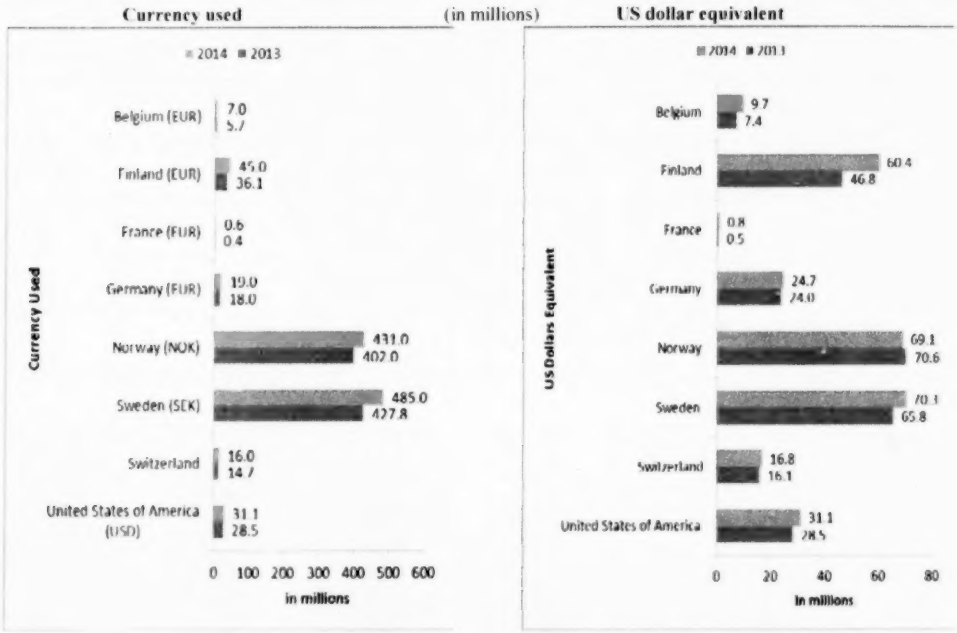
14. The resources needed to achieve the UNFPA strategic plan, 2014-2017, as stated in the integrated resource plan for 2014-2017 approved by the Executive Board, amounts to $4,304 million, including $1,922 million in regular resources and $2,383 million in other resources (table 2). This total revenue is based on indications from donors and a financial model with

probabilities assigned to a set of scenarios for both regular and co-financing scenarios. In 2014, the overall contribution revenue to regular and co-financing resources was $1,002.5 million; this fell short of the strategic plan target of $1,018 million by 1.5 per cent.

15. According to recent data, increases in regular contributions for 2015 over the 2014 levels have been indicated by four of the top donors of the Fund. UNFPA will continue to advocate for increases in contributions with OECD-DAC members and others, including programme countries, and with the private sector and foundations. In 2014, OECD-DAC donors contributed 98.7 per cent of total 2014 contribution revenue to regular resources. As of 30 April 2015, UNFPA had received 70 official commitments towards its 2015 regular resources, among them 28 multi-year commitments, as listed in annex 2.

16. In 2014, Sweden, Norway, Finland, Netherlands, Denmark, United Kingdom, United States of America, Germany, Japan and Switzerland were the Fund's largest donors in US dollar terms to regular resources. Major donors that have increased their contributions, in the currency used for contributions, are listed in table 3.

Table 3. Increases in contributions of major donors to UNFPA regular resources (2013-2014), as of 31 December 2014



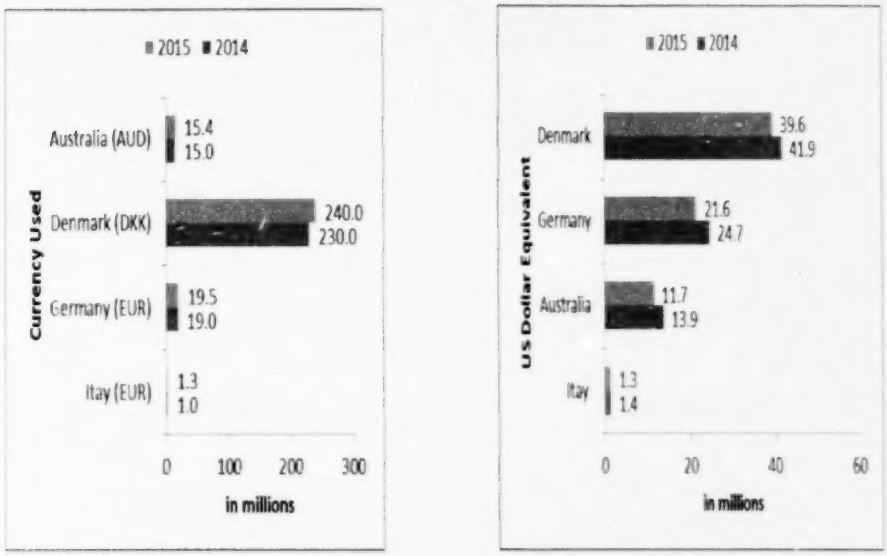
Note: Figures on the left are in the respective currencies committed, and on the right showing the equivalent in United States dollars.

17. Further details on contributions from the Fund's top 10 donors to regular resources for the past five years are provided in annex 3.

18. Projections for 2015 regular contributions revenue include the following major donors, which have indicated they would increase their respective contributions in 2015: Australia, Denmark, Germany and Italy. Table 4 lists the projected increases in national currency terms in 2015, compared with the 2014 contribution levels.

Table 4: Projected increases in local currency contributions of major donors to UNFPA regular resources (2014-2015), as of 30 April 2015

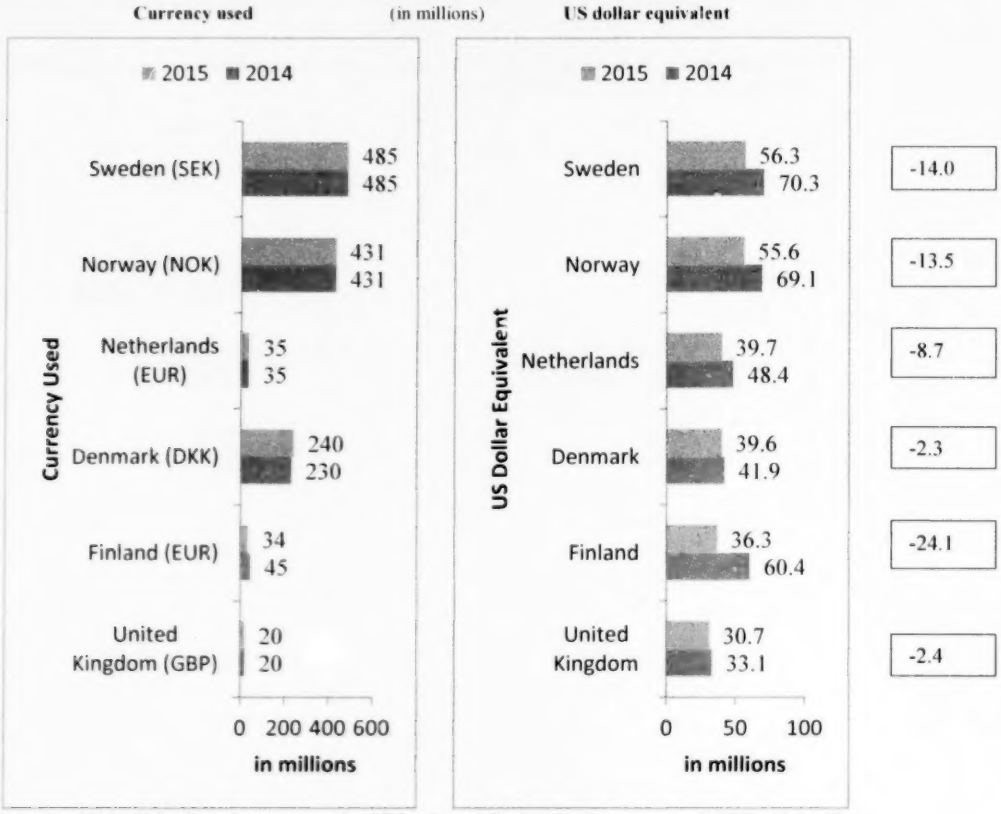
Currency used (in millions) **US dollar equivalent**



Note: Figures on the left are in the respective currencies, and on the right, showing the equivalent in United States dollars

19. While it is commendable that the majority of the top 20 donors of UNFPA, accounting for 98 per cent of total regular contributions, either maintained or increased their 2015 contributions to regular resources, it is of concern that volatility of exchange rates of other currencies against the US dollar has resulted in a significant decrease of the projected 2015 contribution revenue scenario in US dollar currency terms. The unfavourable impact of the fluctuation of exchange rates to projected contributions of the top six donors to UNFPA regular resources is illustrated in table 5, which shows the 2015 commitments from Sweden, Norway, Netherlands, Denmark, Finland and the United Kingdom received. As of 30 April 2015, the contribution revenue projection for 2015 for regular resources from all donors was $399.0 million; this is a decrease of $78.4 million (or 16.4 per cent) over the 2014 contribution revenue of $477.4 million, and may also fall short by $79.0 million (or 16.5 per cent) from the 2015 strategic plan target of $478.0 million.

Table 5: Impact of the fluctuations of exchange rates to projected contribution revenue of the top 5 donors to UNFPA regular resources (2014-2015), as of 30 April 2015

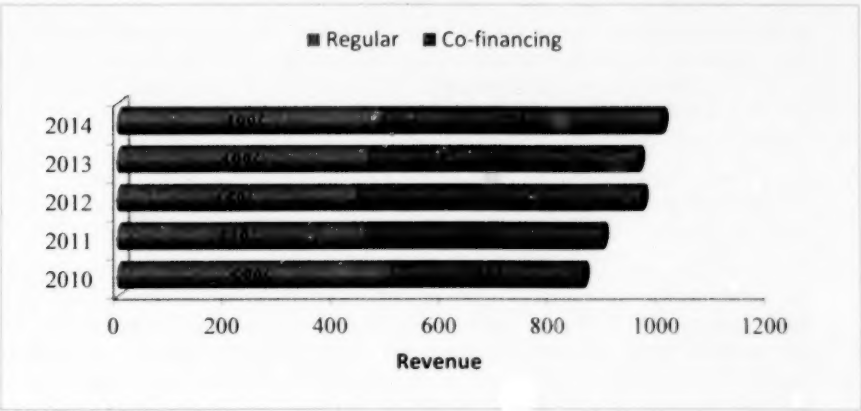


Note: In 2014, Finland made a year-end additional contribution in the amount of EUR 11.5 million ($14.5 million) to supplement its contribution of EUR 33.6 million ($45.9 million), which brought the total to $60.4 million.

20. While UNFPA continued to receive a higher share of its revenue from contributions to regular resources over the past years, in 2012, for the first time in its history, UNFPA received a higher proportion of co-financing contributions of total (regular and co-financing resources contributions) revenue, and the trend has continued: 42 per cent in 2010; 49 per cent in 2011; 55 per cent in 2012; 52 per cent in 2013; and 52 per cent in 2014. UNFPA seeks to maintain an even balance between regular and co-financing resources, and calls for the support of Member States for increased regular resources. Table 6 presents the percentage distribution of regular and co-financing contributions to total contributions for the period 2010-2014.

21. In response to the increasing proportion of co-financing contribution and to strengthen UNFPA capacity to meet increasing donor's expectations, a new Non-Core Funds Management Unit was established in February 2015 to reinforce coordination and creation of synergies with regard to the technical, programmatic and operational financial aspects of non-core funds management. Furthermore, the Unit will provide strategic guidance to ensure that non-core resources are deployed to explore critical synergies with core resources. This will facilitate enhanced accountability and transparency in the management of resources as the Fund moves forward with its re-engineering process to enhance operational excellence.

Table 6. Percentage distribution of regular and co-financing contributions to total contributions (2010-2014)



B. Overview of co-financing contributions

22. The total co-financing contribution revenue for 2014 is $525.1 million. This represents an increase of 5.5 per cent over the $497.9 million contribution revenue for 2013 (table 7). For the 2014 co-financing revenue, there were notable increases in 2014 over the 2013 level for the Thematic Fund for the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) (102 per cent); contributions to UNFPA for emergencies and humanitarian assistance (144.3 per cent); contribution revenue of Governments contributing to their own country programmes (171.7 per cent); and the contribution revenue from the private sector (32.9 per cent). However, there were also notable decreases in the contribution revenue of the Maternal Health Thematic Fund (93.8 per cent, a large multi-year commitment from Sweden in 2013); Thematic Fund for Obstetric Fistula (48.6 per cent); the European Commission (5.1 per cent); and United Nations inter-organizational transfers (9.5 per cent). For 2014, the number of new co-financing agreements had increased by 49 from 245 in 2013 to 294 in 2014.

Table 7. Contributions to UNFPA co-financing resources, 2013-2014

(in millions of $)

Donors	2013	Donors	2014
United Kingdom of Great Britain and Northern Ireland (the)	142.8	Netherlands (the)	131.8
		United Nations Inter-organizational transfers*	113.1
United Nations Inter-organizational transfers*	124.9	United Kingdom of Great Britain and Northern Ireland	102.9
Sweden	76.5		
Norway	22.0	Norway	30.7
European Commission	18.1	United States of America	17.8
Canada	16.7	European Commission	17.2
Switzerland	16.6	Sierra Leone	12.7
Netherlands (the)	8.4	Japan	11.4
Bill and Melinda Gates Foundation	8.0	Australia	8.1
Others	63.9	Others	79.4
Total	**497.9**	**Total**	**525.1**

* Includes all funds received from joint funding mechanisms (joint programmes and the multi-donor trust funds) as well as bilateral transfers from United Nations organizations.

Co-financing contributions from United Nations inter-organizational transfers

23. Out of the total 2014 co-financing contribution revenue of $525.1 million, a total of $113.1 million (22 per cent) came through United Nations inter-organization transfers (reflected in table 7). This amount consists of agency-to-agency transfers and funds received as a participant in pooled inter-agency funding mechanisms. The revenue was received from 14 United Nations entities and represents a decrease of $11.9 million from the $125 million received in 2013, mainly due to 2014 being a disbursement gap year for the UNAIDS Unified Budget, Results and Accountability Framework.

24. Under the total revenue from United Nations inter-organization transfers, $91.9 million was received for Multi-Donor Trust Funds and Joint Programmes, including $15.4 million from the Central Emergency Response Fund.

25. UNFPA continued to play an active role in inter-agency funding mechanisms. While the highest total contribution of $30.5 million received through another United Nations entity came from the UNDP Multi-Partner Trust Fund Office, the majority of revenue, $37 million, was received through pooled mechanisms in which UNFPA itself acted as an Administrative Agent. UNFPA records as revenue only the portion of the contributions distributed to UNFPA for implementation (see annex 5 for details on the total amount received for joint programmes in which UNFPA acted as an Administrative Agent).

26. With the QCPR urging Member States making non-core contributions to "give priority to thematic and pooled financing mechanisms applied at the global, regional and country levels", and with UNFPA work lending itself readily to inter-agency synergies, it is expected that overall availability of funds through joint funding modalities correlates strongly with this stream of revenue for UNFPA during the implementation of the strategic plan, 2014-2017.

27. One successful example of a joint programme is the UNFPA-UNICEF Joint Programme to Accelerate the Abandonment of Female Genital Mutilation (FGM). This programme is the privileged instrument within the United Nations to operationalize a common, holistic approach to accelerate social change and the abandonment of FGM; it focuses on 17 African countries and supports regional and global initiatives. The total budget for the second phase (2014-2017) is $52 million. In 2014, the first year of the programme's second phase, a total of $22.4 million was mobilized and an additional $22 million committed for 2015-2017.

28. In 2014, Nigeria and Yemen became the newest countries to join the global programme platform. The additional countries significantly increased the potential coverage of the joint programme efforts in terms of absolute numbers of girls and women affected. The programme works directly with communities to bring about sustainable change in attitudes, social norms and behaviour on FGM. In the past year, an additional 815 communities made public declarations of abandonment of FGM, bringing the cumulative total to 13,568. To date, 10 of 17 countries have national laws banning FGM and seven Governments increased resources dedicated to implementing policies and legislation to eliminate FGM.

Co-financing contributions from programme country Governments

Table 8. Programme countries contributing to their own country programmes

(in millions of $)

Donors	2013	Donors	2014
Colombia	3.5	Sierra Leone	12.7
Guatemala	3.1	Honduras	5.0
Nigeria	1.7	Guatemala	3.9
Georgia	1.5	Equatorial Guinea	2.4
Brazil	0.7	Nigeria	2.3
Oman	0.6	Central African Republic (the)	2.1
Somalia	0.5	Liberia	2.1
Venezuela (Bolivarian Republic of)	0.3	Colombia	1.6
Lebanon	0.2	Malaysia	0.4
Algeria	0.1	Congo (the Republic of)	0.4
Others	0.2	Others	0.9
Total	**12.4**	**Total**	**33.8**

29. Co-financing from programme country Governments in support of their country programmes continued to form a part of the total revenue. In 2014, agreements were signed for the amount of $33.8 million, compared to $12.4 million in 2013; this represents an increase of $21.4 million (171 per cent). In 2014, the five largest commitments were from Sierra Leone ($12.7 million); Honduras ($5.0 million); Guatemala ($3.9 million); Equatorial Guinea ($2.4); and Nigeria ($2.3 million). In 2014, other countries made commitments in support of their country programmes: the Botswana, Brazil, Central African Republic, Colombia, the Republic of Congo, Georgia, Lebanon, Liberia, Malaysia, Mexico, Timor-Leste and Uruguay. An emerging modality for receiving co-financing contributions from programme country Governments is funding as part of grants or loans originating from development banks. Details on the contributions are presented in annex 4. UNFPA calls on Governments to increase their co-financing contributions as an important supplement to the regular resource base.

European Commission

30. In 2014, co-financing contribution revenue from the European Commission totalled $17.2 million. Activities focused mainly on supporting national reproductive health and gender programmes, census projects and other population surveys as well as humanitarian interventions within the context of the Syria crisis. UNFPA signed one new contribution agreement with the European Commission Humanitarian Aid and Civil Protection (ECHO) Directorate General in support of comprehensive reproductive health and gender-based violence interventions for Syrian refugees in Jordan.

C. Thematic funding

31. Thematic trust funds are internally pooled donor funds aimed at supporting the achievement of results in the framework of the UNFPA strategic plan. They support the approved programmes in the focus areas of the Fund's work in priority countries with special needs, and reinforce a coherent approach to align with national plans and budgets. The predictability of resources in the thematic funds creates a unique opportunity to scale up programming to help meet unmet needs. Thus far, UNFPA has established three thematic funds for (a) reproductive health commodity security; (b) maternal health; and (c) obstetric fistula (programmatically integrated with the Maternal Health Trust Fund). In spite of differences in annual revenue for thematic trust funds, programme planning ensures the efficiency in implementation in accordance with the workplan. The decrease of contribution revenue in 2014 for the maternal health fund and obstetric fistula is also partly in view of the organization's compliance with IPSAS wherein all contribution revenue is recorded on an

accrual basis. UNFPA recognizes the revenue from multi-year co-financing agreements up front, regardless of the schedule of payment, unless there are specific reasons to defer revenue recognition to a later stage. However, programme implementation is linked to the actual receipt of resources in accordance with the UNFPA Financial Regulations and Rules.

The Global Programme to Enhance Reproductive Health Commodity Security

Table 9. Co-financing contribution revenue for the Global Programme to Enhance Reproductive Health Commodity Security, 2013-2014, as of 31 December 2014

(in millions of $)

Donors	2013	Donors	2014
United Kingdom of Great Britain and Northern Ireland	100.0	Netherlands	125.2
		United Kingdom of Great Britain and Northern Ireland	85.1
Norway	12.0		
European Commission	3.5	Norway	16.0
Spain*	0.26	European Commission	4.4
Liechtenstein	0.02	Australia	2.7
		Spain	0.68
		Friends of UNFPA	0.005
Total	**115.8**	**Total**	**234.1**

* Includes contribution from the Autonomous Community of Catalonia

32. The Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) continued to be the UNFPA key vehicle to implement the organization's family planning strategy and contribute to the achievement of the Family Planning 2020 goals. This flagship thematic fund addresses the need to increase the availability and use of essential supplies for reproductive health in support of family planning and services for sexual and reproductive health, especially for poor and marginalized women and girls. GPRHCS provides a set of combined interventions to ensure sustainability: supports enabling environments; increases demand for reproductive health commodity security; improves efficiency for procurement; improves access to reproductive health and family planning services; and strengthens national capacity and systems.

33. In 2014, GPRHCS made considerable progress in its new phase (2013–2020) of scaling up activities to 46 focus countries, which are low-income countries with high maternal mortality and high unmet need for family planning. The programme supplied $100 million dollars of contraceptives, averting an estimated 7.8 million unintended pregnancies. GPRHCS also continued to provide supplies of quality, life-saving maternal health medicines.

34. Among demonstrated results in GPRHCS-supported countries were increased contraceptive prevalence rates; reduced stock-outs and delivery times of contraceptives and maternal health medicines; and increased availability of reproductive health supplies. In 2014, the programme achieved an implementation rate of 94 per cent of funds received.

35. Total contributions revenue mobilized amounted to $115.8 million in 2013 and $234.1 million in 2014, as shown in table 8. While 2014 contributions to the programme were the highest recorded annual revenue to date, UNFPA and partners are focusing on the large funding gap for 2015 and beyond. To sustain interventions and meet the needs of countries as well as fully contribute to achieving the Family Planning 2020 goal, additional sustained resources are needed. From 2015 to 2020, the planned GPRHCS budget requires over $1 billion.

36. To meet this need, the programme is intensifying efforts to increase cost savings based on a dedicated new resource mobilization plan to raise additional funds and to expand the donor base beyond traditional donor Governments, including through a pledging meeting, to be hosted by the Government of the Netherlands in late 2015. Additionally, a targeted

communications effort providing compelling stories from the field, highlighting the success of the programme, is currently ongoing.

Maternal Health Thematic Fund

Table 10. Co-financing contribution revenue for the Maternal Health Thematic Fund (2013-2014), as of 31 December 2014

(in millions of $)

Donors	2013	Donors	2014
Sweden	56.2	Luxembourg	1.6
Luxembourg	1.5	Germany	1.3
Germany	1.3	Spain	0.7
Austria	0.067	Friends of UNFPA	0.1
Laerdal Foundation	0.025		
Friends for UNFPA	0.0059		
	59.1		3.6

37. The Maternal Health Thematic Fund (MHTF), which became operational in 2008, aims to scale up UNFPA and development partners' support to achieve MDG 5 target A (reducing the maternal mortality ratio by three quarters) and target B (achieving universal access to reproductive health care on improving maternal health). The MHTF focuses on five critical areas of interventions: (a) emergency obstetric and newborn care; (b) human resource for health, particularly through the midwifery programme; (c) maternal death surveillance and response system; (d) the prevention and treatment of obstetric fistula and the social integration of survivors (also supported through a discrete fund); and (e) the support to first-time young mothers. The MHTF supports countries in tracking results, fostering a leverage effect and coordination, and improving the identification of maternal deaths and proactive response to avert future preventable deaths.

38. The MHTF contributes to the large joint effort by the Global Strategy for Women's and Children's Health (Every Woman, Every Child), and the Health 4+ partnership (UNFPA, UNICEF, WHO, World Bank, UNAIDS and UN-Women) to accelerate progress towards Millennium Development Goals 4, 5, and 6, the Campaign for Accelerated Reduction of Maternal Mortality in Africa. Since 2008, the MHTF has scaled up support to 43 priority countries for maternal health, including for midwifery, and to 55 countries for the Campaign to End Fistula.

39. Midwifery services are vital to the survival, health and well-being of women and their newborns, particularly in remote communities without access to hospitals or physicians. UNFPA, with MHTF support and in collaboration with partners like the International Confederation of Midwives, strengthened midwifery services and workforce policies in 43 countries. More than 250 midwifery schools were supported with books and training equipment, and the skills and competencies of over 8,000 midwifery trainers were upgraded.

40. The MHTF has been supporting countries to plan, conduct and quality assure needs assessments in emergency obstetric and newborn care and the development of factsheets and costed operational plans, including in five additional countries in 2014.

41. MHTF phase II was launched in 2014. It is based on a new strategic plan which builds on what has been achieved in 2008-2013 phase I. Aligned with the UNFPA strategic plan, MHTF phase II emphasizes the need for equity and for a woman-centred approach. A new results and indicators framework links up process indicators with key interventions in order to facilitate planning and reporting and guide country offices on accountability and results-based management.

42. Co-financing contribution revenue for the MHTF totalled $59.2 million in 2013 and $3.6 million in 2014 (see table 9).

Thematic Trust Fund for Obstetric Fistula

Table 11. Co-financing contributions revenue for the Thematic Trust Fund for Obstetric Fistula (2013-2014), as of 31 December 2014

(in millions of $)

Donors	2013	Donors	2014
Luxembourg	0.67	Luxembourg	0.285
Iceland	0.1	Iceland	0.105
Poland	0.042	Friends of UNFPA	0.04
Friends of UNFPA	0.024		
	0.8		0.43

43. Over the years, the global Campaign to End Fistula has grown significantly in coverage, from 12 countries to 55 countries in sub-Saharan Africa, Asia, Latin America and the Caribbean, and the Arab States region. The Campaign now includes almost 90 partner organizations. UNFPA has directly supported more than 34,000 women and girls in receiving surgical fistula repairs. During 2014, UNFPA continued to work with two campaign partners, Direct Relief International and the Fistula Foundation, to further expand the global fistula care map, as well as to support ground-breaking global fistula research, in partnership with Johns Hopkins University and the MacArthur Foundation.

44. In the landmark 10th anniversary of the Campaign to End Fistula, UNFPA and partners marked the first ever International Day to End Obstetric Fistula on 23 May 2014, established in accordance with the United Nations General Assembly resolution 67/147 on supporting efforts to end obstetric fistula (adopted on 20 December 2012).

45. Since 2009, the operations of the fistula fund have been programmatically aligned with MHTF to reduce transaction costs and increase sustainability. Fistula programming is fully integrated into MHTF activities, while leaving the option open to donors for separate funding for the Campaign to End Fistula. Co-financing contribution revenue for the MHTF amounted to $0.8 million in 2013 and $0.4 million in 2014 (see table 10).

D. Contributions to UNFPA for emergency preparedness and humanitarian response

46. During the first year of implementation of the Strategic Plan, 2014-2017, UNFPA scaled up support to 34 humanitarian crises, including five 'level three' emergencies in the Central African Republic, Iraq, Philippines, South Sudan and Syria as well as the Ebola-affected countries of West Africa, providing maternal health services to 14 million people, including services to persons affected by gender-based violence.

47. As emergencies become more complex, protracted and frequent, UNFPA has improved its operational response mechanisms to ensure more effective humanitarian action in affected countries as well as its emergency preparedness in high-risk countries, notably through expanded partnerships for rapid deployment of standby personnel experts to help respond to humanitarian emergencies, roll-out of minimum preparedness actions, establishment of a roster of experts for sexual and reproductive health and gender-based violence, and development of minimum standards for gender-based violence in emergencies. In addition, UNFPA strengthened rapid response capacities in 48 countries to provide a Minimal Initial Service Package of sexual reproductive health services and supplies in the event of a crisis and established a Sexual Reproductive Health roster.

48. In 2014, UNFPA made new inroads in its resource mobilization efforts by increasing its humanitarian funding overall, from $41 million in 2013 to $101 million in 2014, reaching 46 per cent of the two-year humanitarian funding needs. UNFPA has also expanded programmes in support of peacebuilding in countries in transition and mobilized $5 million

from the United Nation Peacebuilding Fund, which represents a five-fold increase compared to 2013.

49. The United Nations joint humanitarian funding modalities – the Central Emergency Response Fund, common humanitarian funds and Emergency Response Funds continue to be a critical part of the UNFPA humanitarian response, with a total funding of $20.9 million, constituting 20.5 per cent of total humanitarian funding to UNFPA. Other top humanitarian donors were the United States of America ($15.7 million); Japan ($10.3 million); Australia ($5.4 million); the European Commission ($3.4 million); and Denmark ($2.8 million).

50. Priorities for 2015 will focus on implementation of international commitments, in line with the UNFPA strategic plan, with a continued focus on the post-2015 development agenda, the preparation to the World Humanitarian Summit, preparedness and disaster risk reduction through the World Conference on Disaster Risk Reduction, and implementation of a post-2015 disaster risk reduction framework. Great emphasis will also be placed on the relief-development continuum by providing further support to fragile contexts, to build capacity for resilience and recovery, and in finalizing the fragility framework for UNFPA operations.

E. Contributions from the private sector

51. Non-state actors are an increasingly important source of support for UNFPA. In 2014, UNFPA established new partnerships with a number of leading private-sector companies, foundations, NGOs, and private philanthropists to enhance the reach, resources, capacity and technical expertise of UNFPA.

52. As compared to 2013, UNFPA recorded a 33 per cent increase in revenue from the private sector, from $10.5 million to $14 million, as well as a 42 per cent increase in the overall number of partnership agreements. UNFPA encouraged a broad view of partnership to facilitate growth of the partner base, supporting non-financial as well as the more traditional philanthropic financial donations. This approach led to valuable in-kind, media and advocacy partnerships, including an additional $3.2 million for non-revenue service contributions. Non-financial relationships are increasingly attractive to companies who wish to see their business expertise, products or services create impact within UNFPA programmes. The increase in partnership creation and outreach was supported by concurrent work to optimize partner screening (due diligence) and other risk management activities to ensure the accountability of UNFPA partnerships with the private sector.

53. UNFPA increased efforts to engage the general public in support of its mandate. In 2014, UNFPA and the Board of Friends of UNFPA realigned their relationship around fundraising and public engagement, providing UNFPA with a reinvigorated partnership to increase revenue through tax-deductible giving in the United States.

III. Efforts to diversify the funding base

54. UNFPA continues to enjoy wide support from Member States. The ICPD Beyond 2014 Review report has provided additional impetus for further dialogue with Member States on issues of population and development linked to the UNFPA mandate and its strategic plan. The diversification of funding sources – the continued engagement with emerging economies, programme countries, private and philanthropic sectors, and other funding sources, in addition to traditional partners in official development assistance – is crucial in enabling UNFPA to carry out its mandate. In conjunction with this report, UNFPA efforts to diversify the funding base will be part of the resource mobilization strategy that will be presented at the second regular session of the Executive Board.

IV. Conclusion

55. UNFPA continues to emphasize predictable regular resources, which will allow the Fund to implement its mandate, enhance its support to countries in advancing the ICPD goals beyond 2014 and the post-2015 development framework. In 2014, 41 donors (about 31 per cent out of a total 132 donors) made multi-year commitments to regular resources for 2014 and future years. In view of this, UNFPA appeals to the Executive Board and other Member

States to translate their commitments to achieving these goals into multi-year financial commitments, as urged in General Assembly resolution 67/226 and as supported in numerous Executive Board decisions. A predictable cash flow is important for the efficient and effective management of operations; for that reason, UNFPA encourages all Governments to maintain timely contribution commitments and payment schedules.

56. UNFPA achieved a total of $1,002.5 million in mobilized resources. In view of this, the Fund appreciates the broad political and financial support extended to the Fund by the Executive Board, the Member States, civil society, the private sector and the United Nations development system.

57. Two factors are important to keep in mind: the impact of exchange rate volatility, (particularly in 2015) and a still too narrow funding base for regular resources (about 98 per cent of UNFPA contribution revenue to regular resources comes from OECD-DAC donors). Therefore, the sustainability of regular resources is vital for UNFPA in order to keep pace with the growing demands for its services, to maintain its universal presence, including in fragile contexts, to continue to address outstanding needs, and to protect the advances that have been made. The capacity of the Fund to deliver results depends on a robust funding base.

58. Co-financing revenue contributions increased from $497.9 million to $525.1 million in 2014. UNFPA seeks to maintain an even balance between regular and co-financing resources. In 2014, as part of its resource mobilization efforts, UNFPA secured 204 new co-financing agreements, an increase of 49, compared to 245 in 2013.

V. Elements of a decision

59. The Executive Board may wish to:

(a) *Take note* of the report on contributions by Member States and others to UNFPA and revenue projections for 2015 and future years (DP/FPA/2015/8);

(b) *Also take note* of the 3.8 per cent increase in 2014 contribution revenue to regular resources for UNFPA, to $477.4 million, $1.4 million above the strategic plan target of $476 million for 2014 *regular* resources;

(c) *Further take note* of the increase in 2014 in total gross contribution revenue (regular and co-financing resources) for UNFPA, to $1,002.5 million, up from $957.9 million in 2013;

(d) *Emphasize* that regular resources are the bedrock of UNFPA and essential to maintaining the multilateral, neutral and universal nature of its mandate and to carry out its work, and *encourage* UNFPA to further mobilize these resources while continuing to mobilize supplementary resources for its thematic funds and programmes;

(e) *Encourage* all Member States to increase their contributions to regular resources and *also encourage* countries in a position to do so to make contributions during the first half of the year and to make multi-year pledges in order to ensure effective programming;

(f) *Also encourage* all programme country Governments to expand their contributions to programmes in their own countries;

(g) *Emphasize* that UNFPA needs strong political and increased financial support as well as predictable regular resources, in order to enhance its assistance to countries, to fully integrate the agenda of the International Conference on Population and Development into national development strategies and frameworks, to achieve the internationally agreed development goals, and to support countries in advancing the post-2015 sustainable development framework.

United Nations DP/FPA/2015/11

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UNFPA resource mobilization strategy

Summary

Within the context of the sustainable development goals and the evolving development financing landscape, UNFPA has developed a comprehensive and integrated resource mobilization strategy. The strategy lays out the approach to mobilizing resources in order to operationalize the UNFPA strategic plan, 2014-2017, and achieve the four outcomes of that plan. The resource mobilization strategy engages public and private partners to support the delivery and implementation of UNFPA programmes, and takes into consideration the priorities outlined in the sustainable development goals and the post-2015 development architecture.

The strategy responds to Executive Board decision 2014/25, in which the Board requested UNFPA to continue to explore incentives, mechanisms and funding windows to broaden its donor base; to improve communications with donors; and to continue dialogue on options that will enhance the quality of contributions to finance development results.

This document reflects the discussions, informal briefings and formal deliberations related to the quadrennial comprehensive policy review of operational activities for development of the United Nations system that UNFPA undertook with the Executive Board in 2014, as well as two informal consultations held with the Board on 13 May 2015 and 4 June 2015. It provides a road map that describes (a) the current financing landscape; (b) the key opportunities and required actions for UNFPA to secure existing funding and attract additional funding from a diverse donor base; and (c) the partnerships and new channels that UNFPA is exploring in securing such funding.

Elements of a decision

The elements of a decision are contained in section V of this document.

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1. UNFPA strategic plan, 2014-2017 contribution revenue target: $4,304 million
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I. Introduction

1. In September 2014, the Executive Board of UNDP, UNFPA and UNOPS adopted decision 2014/25 on funding commitments to UNFPA and the implementation of the quadrennial comprehensive policy review (QCPR) of operational activities for development of the United Nations system. That decision "requests UNFPA, in consultation with the Executive Board, to continue to explore incentives, mechanisms and funding windows to broaden the donor base and to support donors to increase their core contributions as well as to shift to less restricted/earmarked non-core funding;[1] and, in this regard, requests UNFPA to present a resource mobilization strategy towards this end at the second regular session of the Executive Board in 2015".[2]

2. Following Executive Board decision 2014/25, UNFPA formulated a comprehensive resource mobilization strategy. The strategy will ensure that UNFPA funding is commensurate with the goals and expected results of the UNFPA strategic plan, 2014-1017. The resource mobilization strategy is embedded in the broader, structured funding dialogue with the Executive Board and within the context of the new sustainable development agenda. UNFPA held informal briefings and consultations with members of the Board to provide information and seek guidance in developing the strategy. This document incorporates the feedback provided by the Board.

3. Positioning UNFPA within the post-2015 development agenda is essential. The dialogue on funding is a critical part of this and is related to the broader United Nations discussions on 'fit for purpose', which require meaningful fund allocation and adequate levels of funding.

4. Within the evolving development financing landscape, UNFPA must ensure that there are effective, efficient and sustained measures to (a) secure and expand existing funding modalities and levels; (b) develop and take full advantage of new funding mechanisms and seek opportunities for strategic partnerships; and (c) identify and match appropriate financing means with different priority funding needs and gaps. This document highlights the ways in which UNFPA will secure a more stable financial future with coherent and targeted actions in resource mobilization.

II. The global funding environment

5. In formulating a comprehensive resource mobilization strategy, UNFPA analysed and conducted extensive research on the current global funding environment. This has facilitated the formulation of a well-informed and evidence-based resource mobilization strategy. The development financing landscape is characterized by global factors that affect the possibilities for securing a sustainable funding level for UNFPA. These factors include:

(a) Stabilizing levels of official development assistance, with many traditional donors prioritizing development investments with a focus on performance, development results and value for money;

(b) An increased focus on allocating official development assistance to middle-income countries and a decline in aid flows to the least developed countries, especially in sub-Saharan Africa;

(c) Continued uneven global economic growth, characterized by periods of stagnation, low economic growth and economic decline in emerging markets, and a strengthening of the United States dollar against most major currencies. Exchange rate levels continue to fluctuate due to variations in country growth rates, monetary policies and other factors;

[1] Core resources (also known as regular, non-earmarked or unrestricted resources) are resources available to UNFPA that are commingled and untied. These include revenue from contributions, other governmental or intergovernmental payments to UNFPA; contributions from non-governmental sources, including foundations, private-sector organizations and individuals; interest earnings; and miscellaneous revenue.

[2] See Executive Board decision 2014/25, paragraph 12.

(d) A long-term increase in development aid from non-Organization for Economic Cooperation and Development /Development Assistance Committee contributors;

(e) An increase for UNFPA of 79 per cent from 2007 to 2012 in earmarked funding (by theme, sector, region or country) to multilateral development agencies.

6. These factors will continue to have an impact on UNFPA strategic decision-making, which seeks to maximize the ability of UNFPA to mobilize financial resources to achieve the outcomes of the UNFPA strategic plan, 2014-2017 (see DP/FPA/2013/12).

7. An analysis of UNFPA-specific financing trends over recent years shows the following:

(a) UNFPA has one of the most balanced core to co-financing ratios among United Nations organizations. In 2014, that ratio was 48 per cent core to 52 per cent co-financing;

(b) UNFPA has received a stable share of overall contributions to the United Nations, and seeks to retain comparable levels of support in the future;

(c) UNFPA share of co-financing revenue from United Nations pooled funding mechanisms has remained stable and is a priority area of engagement for UNFPA;

(d) UNFPA co-financing contributions are primarily channelled through two thematic funds: the Global Programme on Reproductive Health Commodity Security; and the Maternal Health Thematic Fund. This type of funding mechanism offers predictability and flexibility, and is an effective way to attract large-scale co-financing through internally pooled donor funds;

(e) UNFPA programme country co-financing has increased, partly due to new contributions from loans or grants from international financial institutions. Programme country co-financing encompasses financial contributions for the UNFPA country programme action plans that are aligned with national development plans;

(f) UNFPA humanitarian funding has more than doubled, from $41 million in 2013 to $101 million in 2014;

(g) Contributions to UNFPA from the private sector have increased on an annual basis, from $2.7 million in 2008 to $14 million in 2014.

III. UNFPA in the post-2015 development agenda

8. The next 15 years will witness dramatic demographic transformations: the world population, currently 7.3 billion, is projected to reach 8.4 billion by 2030. There will be more young people than ever before; for some countries, the potential for a demographic dividend will be realized. At the same time, the population of the world is ageing and its mobility is increasing with unprecedented levels of urbanization.

9. Amid these dramatic changes, the international community is discussing a new set of universal development goals and targets aimed at achieving sustainable development. These discussions will be accompanied by adjustments in development financing, with a greater focus on innovative ways of securing development financing, as well as a greater emphasis on domestic and private-sector financing for development.

10. In the post-2015 era of the sustainable development goals, the UNFPA mandate and mission are more relevant than ever – and critical to the success of an integrated and universal sustainable development agenda. Human and economic development cannot occur if people are unable to plan their lives and families freely and responsibly, or if they do not have the means and information to do so. Human and economic development cannot occur if women do not have safe pregnancies and maternal mortality is not reduced. Human and economic development cannot occur if women and girls are subject to gender-based violence, sexual violence and harmful practices. Human and economic development cannot occur if young people and adolescents are denied their basic rights

of access to high-quality education and health, including reproductive health. The vision of the International Conference on Population and Development – a world where all individuals and couples have universal access to reproductive health information and services – has not yet been achieved. UNFPA is determined to make that vision a reality.

11. The actions UNFPA takes now will affect the lives of millions of young people. Evidence indicates that investments in the rights and well-being of adolescents and youth, in particular girls, will unleash in many countries a demographic dividend of inclusive, innovative and sustainable economic growth, stemming from a large number of young working people relative to the number of dependents. In the interconnected and globalized world, this dividend will pay off for all and help to achieve the sustainable development goals.

12. In this evolving and complex development landscape, which includes existing and emerging actors and partners, a diverse funding architecture, and new resource flows, UNFPA will demonstrate leadership, relevance, comparative advantage, technical expertise and effectiveness in delivering its programmes and achieving results.

IV. Securing a stable financial future: a strategy for mobilizing resources

13. The overall resource mobilization target for the UNFPA strategic plan, 2014-2017, is projected at $4.304 billion, including $1.922 billion in core resources and $2.382 billion in co-financing resources. The targets anticipate an annual income growth rate of 4 per cent (0.8 per cent for core resources and 6.6 per cent for co-financing resources). In 2014, the total contribution revenue for UNFPA was $1,002.5 million, an increase of 4.7 per cent from 2013. The breakdown of the total contribution revenue was $477.4 million in core resources and $525.1 million in co-financing resources. Current projections suggest that the growth in core resources may be slower than anticipated. At the same time, thematic and joint funds, as well as humanitarian funding, may grow. If that occurs, UNFPA will face challenges in retaining a balance of core resources versus co-financing resources.

14. UNFPA resource mobilization efforts centre on providing funding to achieve the four outcomes of the UNFPA strategic plan, 2014-2017. The outcomes address sexual and reproductive health and reproductive rights, youth and adolescents, gender equality, and data and population (see annex 2 for further details).[3]

15. The changing environment and the competition for scarce resources – both domestic and international – require that UNFPA explore new avenues to enhance its work and engage actively and innovatively with Member States. The diversity among Member States is increasing; and new funding sources are becoming available. The resource mobilization strategy will enable UNFPA to better leverage the positions of Member States with regard to funding and the competing priorities within a country.

16. Guided by the QCPR, and in accordance with dialogue with members of the Executive Board, UNFPA is committed to (a) mobilizing adequate, consistent and predictable financial resources to achieve its mandate in response to global development challenges; (b) securing and

[3] Outcome 1 refers to increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access. Outcome 2 refers to an increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services. Outcome 3 refers to advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. Outcome 4 refers to strengthened national policies and international development agendas through the integration of evidence-based analysis of population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality (see DP/FPA/2013/12, pages 6-9).

further broadening its funding base; (c) improving the quality of funding to the organization; and (d) mobilizing additional resources and other forms of support from diversified sources.

17. The objectives of the UNFPA resource mobilization strategy are to:

(a) Maintain and broaden the traditional donor base;

(b) Expand the non-traditional donor base;

(c) Increase contributions from programme countries;

(d) Increase contributions from, and build strategic partnerships with, the private sector, civil society, philanthropic organizations, the general public, international financial institutions and global public-private alliances.

A. Funding source approaches

18. To achieve the four objectives of the resource mobilization strategy, UNFPA will build its resource mobilization efforts through a four-pronged approach, organized around funding sources. UNFPA will require detailed action plans and resource mobilization targets at global, regional and country levels for each of the funding source approaches listed below:

(a) *Securing contributions from traditional donors and creating the necessary conditions for continued funding*. UNFPA is engaged in dialogue with donors on the enabling conditions and funding mechanisms that will facilitate future support. UNFPA is establishing and will continue to work on the necessary incentives for such support, including accurate resource allocation systems; high-quality programme content and results frameworks; strong fund management practices, including the tracking of resources and linking them to the reporting of results; improved visibility of funding partners; and systematic communication and partnership platforms on key initiatives.

(b) *Attracting contributions and mobilizing increased support from non-traditional donors*. UNFPA will be engaging governments and partners with common thematic interests to provide financial contributions to UNFPA programmes. Targeted resource mobilization strategies and funding windows are therefore required to attract such contributions, including through South-South cooperation. The most successful engagement outcomes build on common thematic or contextual interests: these have the potential to advance joint policy priorities and action agendas within regional initiatives and multi-country partnerships. Imperative to this endeavour are the flexible and diverse funding mechanisms of UNFPA, which serve as incentives for attracting new and prospective partners.

(c) *Increasing programme country contributions*. In addition to existing context-specific incentives, such as matching funds up to $100,000, particularly in selected middle-income countries, whereby UNFPA matches government contributions to programmes in those countries. UNFPA is encouraging increased contributions and domestic resources from programme countries for UNFPA-supported programmes. Since the expected results from UNFPA country programmes are aligned with national development plans and priorities, this will facilitate leveraging domestic funding, including through thematic financial platforms, loans or grants from development banks and other financial institutions. Imperative to these efforts is the flexibility of the UNFPA business model in programme countries.

(d) *Attracting different types of donors and new partnerships*. Pragmatic strategies for resource mobilization and investments with the private sector, including companies and foundations, can increase UNFPA resources and its support base. Until now, UNFPA has focused on obtaining donations from corporations, whether in cash or in kind. Directions in corporate partnerships are shifting from donations for specific projects to cross-sector capacity-building. Philanthropic foundations, international and geographical financial institutions, and the general public represent additional opportunities for partnerships. UNFPA recognizes the

value of non-cash and other types of partnerships, as well as the desire of the broader private sector to move from cash to impact. Efforts to attract and diversify donors and new partnerships include the following:

(i) Creation of shared value and mutually beneficial partnerships that utilize partner expertise and operations to increase the impact of UNFPA programmes, including programme reach, access and efficiency;
(ii) Integration of private sector innovation and creativity to optimize programmes, and resolve programming bottlenecks and development challenges;
(iii) Prioritization of media and brand partnerships with the private sector to increase public recognition of UNFPA and expand opportunities for public fundraising;
(iv) Feasibility of and institutional requirements for expanding fundraising from the general public and foundations.

B. Resource mobilization funding mechanisms

19. The priority of the resource mobilization strategy is to continue to mobilize core resources in order to increase the volume of overall core contributions and to diversify the donor base, primarily by increasing the number of contributing countries and, where possible, enlisting new donors. UNFPA has identified several coordinated and structured funding mechanisms that provide additional windows of opportunity for funding, with built-in incentives for resource mobilization efforts, particularity to mobilize non-core resources:

(a) Globally *coordinated thematic windows*. UNFPA will continue to channel funding through two existing thematic funds – the Global Programme on Reproductive Health Commodity Security; and the Maternal Health Thematic Fund. UNFPA is exploring additional mechanisms for pooled funding under the strategic plan outcomes. New thematic windows will build on the lessons learned from the two existing thematic funds and respond to donor needs for 'light' earmarking[4] as well as the need for predictable and flexible funding for UNFPA.

(b) Regionally led funding windows. UNFPA will identify and tap into regional financing mechanisms for which it will develop thematic programmes, particularly for regions that have common development challenges and a limited donor presence at the country level. This will entail identifying priority areas for funding portfolios and negotiating funding commitments and partnerships with, for example, the International Development Association and the European Union.

(c) Country programme windows. While elements of UNFPA country programmes will continue to be financed through targeted proposals for specific results or outputs, UNFPA will seek to increase the portion of flexible funding by transforming the country programme document and the country programme action plan into attractive funding vehicles. This mechanism will help build partnerships to support the achievement of consolidated and strategic results in the country programme.

(d) Strategically pooled United Nations funding platforms. UNFPA will continue to position itself as a responsible partner in order to tap into existing pooled funding mechanisms, which provide opportunities for programmes to be scaled up. With regard to joint programmes and multi-donor trust funds, UNFPA must identify opportunities for joint actions with other United Nations entities and build capacity (for example, in programme delivery and the reporting of results), as joint funding increases and the programmes expand. UNFPA will continue to strengthen its engagement in humanitarian responses and transition contexts in coordination with other United Nations organizations, as well as in pooled funding mechanisms at global and country levels.

[4] Light earmarking refers to more flexible and predictable financing, rather than short-term financing for specific priorities.

(e) Consolidated global financing mechanisms. Often established to channel funds for an underfunded priority or gap, consolidated global financing mechanisms will provide an important resource mobilization growth platform. Innovative financing models, such as impact investment bonds, financial products, social entrepreneurship, debt swaps and guarantees, will offer opportunities to leverage resources and create new funding mechanisms, especially for traditional donors.

20. Previous UNFPA resource mobilization efforts have yielded strong results. UNFPA will build on those efforts but also develop new approaches in order to reach diverse funding partners. These approaches will gradually encompass a move from transactional funding to mutually beneficial funding partnerships, using an integrated approach to resource mobilization. Joint resource mobilization efforts will highlight achievements and enable complementary approaches for resource mobilization strategies at country, regional and global levels. UNFPA will continue to engage in multi-stakeholder alliances supported by financing platforms to maximize the availability and use of resources.

21. UNFPA will identify funding mechanisms, engagement strategies and incentives for its resource mobilization objectives. Annex 3 illustrates the various ways in which UNFPA will mobilize resources. The annex outlines options for organizing and prioritizing efforts to reach resource mobilization targets at global, regional and country levels.

C. Resource mobilization strengths and opportunities

22. In developing the new resource mobilization strategy, UNFPA has incorporated lessons learned from past resource mobilization efforts, strengthened the environment for effective resource mobilization and transformed challenges into opportunities. Some of the key factors for successful UNFPA resource mobilization efforts include:

(a) A clearly defined strategic focus through the 'bull's eye' (achievement of universal access to sexual and reproductive health; realization of reproductive rights; and reduction in maternal mortality) of the UNFPA strategic plan, 2014-2017, which contributes to the coherence of existing funding streams;

(b) Strong support from traditional donors and other Member States to the UNFPA mandate, and growing support from non-traditional donors;

(c) Strong technical dialogue and demonstration of technical expertise;

(d) Building resource mobilization capacity in country and regional offices through the appointment of resource mobilization and partnership advisers, and revitalizing resource mobilization capacity-building initiatives and training at country and regional office levels, with a focus on the private sector;

(e) Strengthening the UNFPA role and capacity in the humanitarian sphere.

23. UNFPA has documented several challenges in mobilizing resources and in diversifying its donor base. These challenges, which have played an important role in developing the new resource mobilization strategy, include (a) need for further investment in institution-wide resource mobilization capacity, systems and tools; (b) lack of highly flexible funding channels in support of some areas of the strategic plan, including outcomes 2 and 4; (c) unspecific institution-wide resource mobilization roles and responsibilities; (d) insufficient brand recognition; and (e) uneven quality and consistency of communication on achieved results.

24. Revenue recorded in 2014 indicates that UNFPA mobilized varying levels of co-financing resources among the four strategic plan outcomes. The differences in revenue among the outcomes may be attributed to (a) greater prioritization of certain outcomes (1 and 3) by donors who provide earmarked funding; (b) lack of flexible global funding windows, which would provide opportunities for light earmarking for outcomes 2 and 4; (c) revenue recognition cycles; and (d) the cyclical

nature of certain types of interventions, such as censuses. Raising adequate levels of resources to achieve all the outcomes of the UNFPA strategic plan will require maximizing funding opportunities, with close monitoring of targets by donor category, thematic priority and geographical location.

D. Resource mobilization principles and institutional enablers

25. At the heart of the UNFPA resource mobilization strategy is the realization that an organization-wide approach is required in order to secure a stable financial future. Such an approach is essential in order to (a) achieve the outcomes of the UNFPA strategic plan; (b) respond to the QCPR; and (c) support the drive in the post-2015 development agenda to be 'fit for purpose'. UNFPA believes that mobilizing funds and leveraging partnerships are the responsibilities of everyone in the organization.

26. UNFPA has identified and established several underlying principles and institutional enablers that are critical for an effective resource mobilization environment. Some examples of these principles and institutional enablers are:

(a) *A sharper focus on linking resources to results*. UNFPA has developed and implemented a transparency portal, a global programming system and the strategic information system. These tools improve organizational performance and use information technology for transparent and effective programming, planning and reporting. Through these tools, UNFPA can analyse, in real time, programme budgets and expenditures in relation to expected results, thereby contributing to evidence-based fundraising efforts.

(b) *Clearly outlined and achievable resource mobilization targets*. UNFPA business units at headquarters and at regional and country offices are required to establish resource mobilization targets, and are accountable for progress towards those targets, within the context of relevant United Nations Development Assistance Frameworks and UNFPA country programmes. Regional directors, resource mobilization and partnership advisers, and the Resource Mobilization Branch monitor progress in achieving the targets.

(c) *A sharper delineation of organization-wide resource mobilization functions and accountabilities*. In 2015, UNFPA completed an organizational restructuring process at headquarters, including the establishment of new divisions and branches. The restructuring has aligned and coordinated the roles and responsibilities of staff to achieve results and improve programme implementation. The changes in the structure demonstrate the commitment and determination of UNFPA to develop and implement coordinated resource mobilization action with other divisions, with country and regional offices, and at the global level.

(d) *Recognition of the opportunity for innovation and the obligation to inject innovation into UNFPA programmes, processes and practices*. Embracing innovation allows UNFPA to respond effectively to its challenges and to remain adaptable, alert and responsive. In September 2014, UNFPA launched an innovation fund that promotes opportunities for experimentation and creativity. The innovation fund has explored options to provide incentives for innovation, with the goal of scaling up and improving delivery. The fund encourages partnerships, in particular with private-sector partners, to facilitate innovation in programming and approaches.

(e) *Communicating results and committing to transparency*. The development of a new, publicly accessible online system that visualizes data on expenditures and donor contributions will help to fulfil the commitment of UNFPA to transparency, while bolstering capacities for communicating programme results. The transparency portal will promote accountability by showing how funds are allocated and spent. The system will be available to donors, programme countries, the media, researchers and other stakeholders through the UNFPA

website. It will evolve into a comprehensive system that integrates financial and statistical data, official documents, news and feature stories, and social media outreach. UNFPA has endorsed the International Aid Transparency Initiative, a voluntary, multi-stakeholder initiative that seeks to improve the transparency of aid, development and humanitarian resources. It makes information about aid spending easier to access, use and understand.

(f) *Excellence in fund management, including improved risk management and robust corporate financial tracking systems.* An organization-wide approach to resource mobilization will enable UNFPA to improve accountability, transparency and quality assurance. UNFPA has developed systems, policies and tools that guide country and regional offices to the appropriate agreement templates and cost-recovery rates. UNFPA efforts in fund management include (i) developing solutions to address gaps in systems and policies; (ii) providing operational guidance; (iii) establishing accountability norms; and (iv) providing support and services related to administration, budgets, finance, management information and procurement.

27. The new, results-driven UNFPA resource mobilization strategy provides a road map that will enable UNFPA to operate in the current financial and political settings. It builds on a unique mandate and demonstrates the value of UNFPA as a reliable, capable and responsible partner. The strategy presents a pathway to diverse opportunities and partnerships with more flexible and innovative funding mechanisms.

28. The strategy highlights the way UNFPA will mobilize financial resources. It seeks to secure and further broaden the donor base for UNFPA programmes and create incentives and flexible mechanisms for a stable financial future. The principal elements of the resource mobilization strategy are (a) an organization-wide approach to resource mobilization; (b) corporate realignment; (c) fostering new and strategic partnerships with the private sector, civil society, parliamentarians and philanthropic organizations; (d) adapting and creating funding modalities and incentives to support new funding opportunities; (e) excellence in fund management; (f) optimizing and improving corporate systems to track allocations and expenditures; and (g) improved accountability, including target-setting and monitoring. These actions will contribute to an enabling environment and to substantial and measurable resource mobilization for UNFPA.

V. Elements of a decision

29. The Executive Board may wish to:

(a) *Endorse* the UNFPA resource mobilization strategy and its objectives as outlined in this document (DP/FPA/2015/11);

(b) *Continue* to highlight the importance of stable and predictable core contributions;

(c) *Commend* UNFPA for achieving one of the most balanced core to co-financing ratios among United Nations organizations, and continue to stress the importance of the ratio balance;

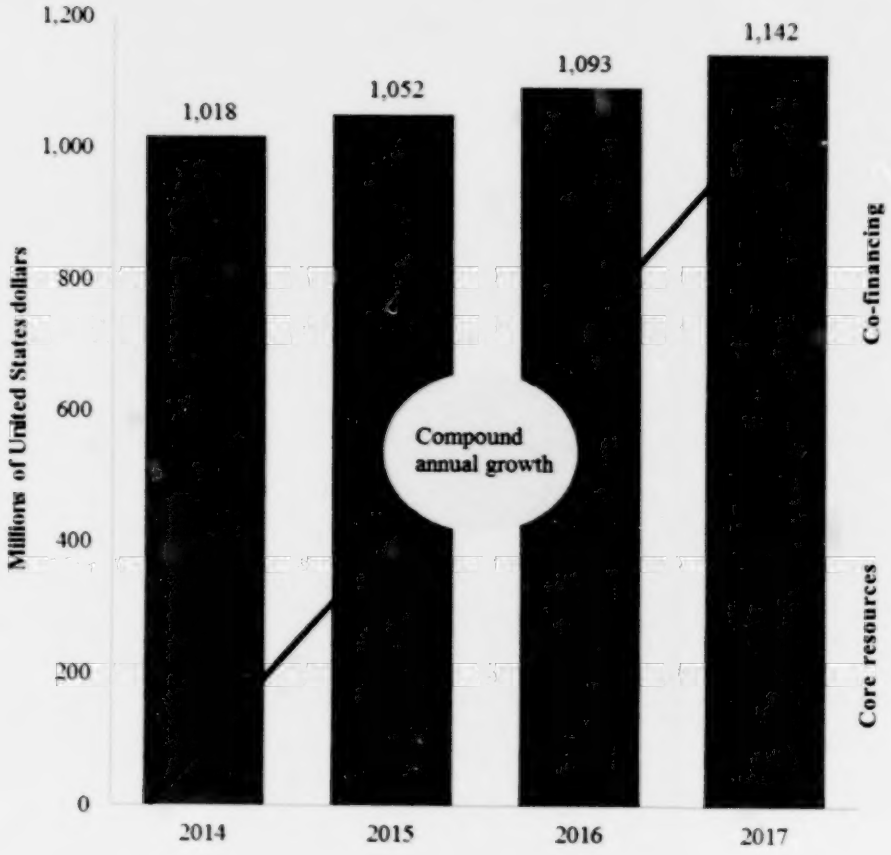
(d) *Take note* of the proposed funding mechanisms and incentives for attracting and optimizing flexible and predictable financing;

(e) *Note* that UNFPA will continue to widen its partnerships with the private sector, civil society organizations, philanthropic organizations, the general public, international financial institutions and global public-private alliances in a coordinated manner;

(f) *Commend* UNFPA for the progress achieved in developing an enabling institutional environment and structure in response to the strategic guidance provided by the Executive Board.

Annex 1.

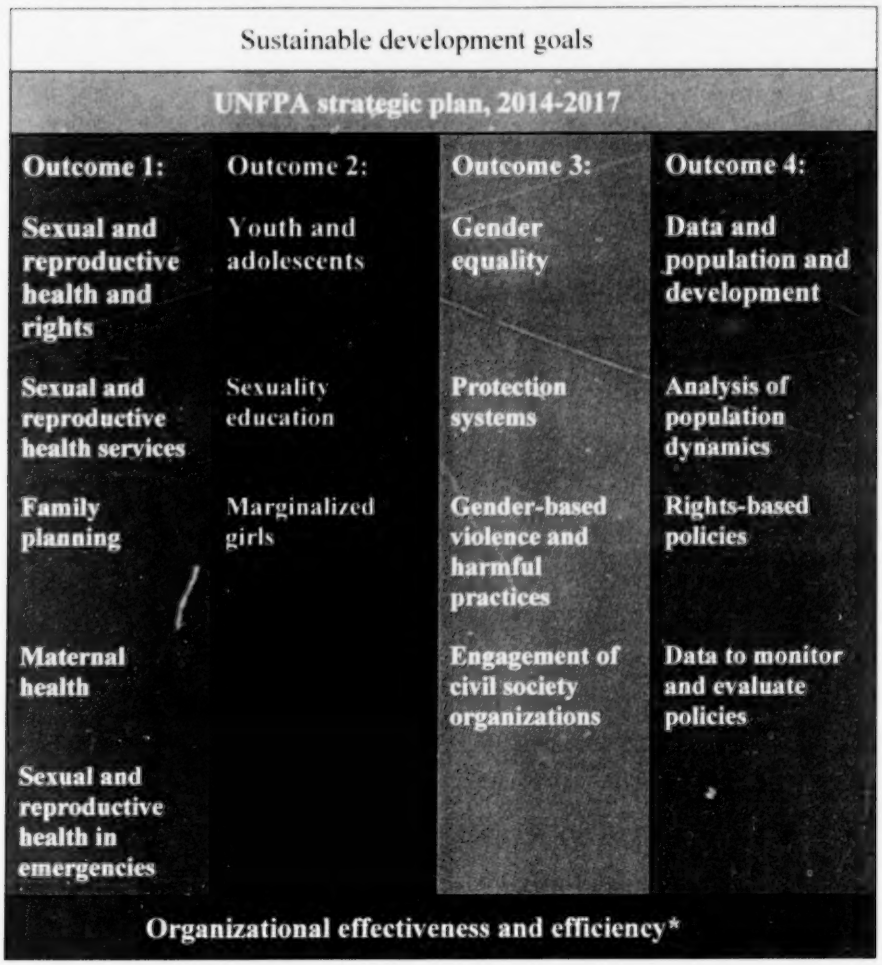
UNFPA strategic plan, 2014-2017 contribution revenue target: $4,304 million



* The compound annual growth rate for core resources and co-financing resources for 2014-2017 is 0.8 per cent and 6.6 per cent, respectively.

Annex 2.

Outcomes of the UNFPA strategic plan, 2014-2017



* Organizational effectiveness and efficiency encompass many of the resource mobilization institutional enablers, including (a) enhanced programme effectiveness by improving quality assurance, monitoring and evaluation; (b) improved mobilization, management and alignment of resources through a focus on value for money and systematic risk management; and (c) increased adaptability through innovation, partnership and communication.

Annex 3.

Examples of UNFPA funding mechanisms, strategies and incentives

	Resource mobilization objectives			
	Maintain and broaden the traditional donor base	**Expand the non-traditional donor base**	**Increase contributions from programme countries**	**Increase contributions from and build strategic partnerships with diverse partners**
Funding mechanisms	• Global thematic funds • Humanitarian funding windows and appeals • Country programme funding windows • United Nations joint programmes and multi-donor trust funds relevant to UNFPA humanitarian and development work	• Regional thematic windows and partnerships • Country programme funding windows • Humanitarian funding windows in response to specific crises	• Country programme funding windows • Regional funding windows on common priority themes • South-South initiatives	• Global thematic funds • Country programme funding windows • Joint United Nations programmes • Humanitarian appeals • Thematic campaigns and alliances
Strategies	• Technical missions and dialogue • High-level policy and political engagement • Liaison office outreach • Annual technical consultations and round tables for current and prospective partners	• Outreach by regional resource mobilization and partnership advisers • Development of and participation in regional priority initiatives and multi-country partnerships • Technical missions and dialogue • High-level policy and political engagement • Annual technical consultations and round tables for current and prospective partners	•Multisectoral partnerships with governments and other key stakeholders, through: •Integrated policy and programme dialogue; • The use of the UNFPA country programme as a vehicle to achieve national priorities •Integration of UNFPA support into relevant sectoral plans	• Country office analysis and outreach to local companies to support the country programme • Headquarters outreach to foundations and multinational companies to define themes and countries of interest • Increase awareness of UNFPA with the general public • Selected country offices or liaison offices pilot public fundraising initiatives
Incentives	• Tracking resources and results • Partnership-centred approach through increased interaction, the provision of timely information and systematic visibility • Strong link among theories of change, effective implementation, and the monitoring and reporting of results • Continued structured dialogue	• Flexibility of the UNFPA business model • Continued structured dialogue	• Matching funds for eligible middle-income countries • Preferential cost recovery for programme country contributions and South-South cooperation • Flexibility of the UNFPA business model	• Visibility of the partner in UNFPA platforms and the media • Human-interest stories and communications on impact and results • Access to new audiences • Visibility at high-profile United Nations and other events

United Nations DP/FPA/2015/12

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

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Quadrennial budgeted evaluation plan, 2016-2019

Summary

The quadrennial budgeted evaluation for 2016-2019 has been prepared in line with the revised evaluation policy of UNFPA (DP/FPA/2013/5), in accordance with relevant Executive Board decisions, and with General Assembly resolution 67/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system.

The plan presents the strategic approach to planning and coverage and details proposed corporate and programme-level evaluations for UNFPA, together with information on resources, expected budget, key risks and reporting arrangements.

Elements of a decision

The Executive Board may wish to:

(a) *Welcome* the proposal to move from a biennial to a quadrennial budgeted evaluation for 2016-2019;

(b) *Acknowledge* the transparent and participatory process undertaken by UNFPA in developing the quadrennial budgeted evaluation for 2016-2019;

(c) *Approve* the quadrennial budgeted evaluation for 2016-2019.

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Annexes

1. Proposed Corporate Evaluations
2. Proposed Programme – Level Evaluations
3. Corporate Evaluations – Selectivity Analysis

Annexes are available on the UNFPA website.

I. Background and purpose of the quadrennial budgeted evaluation plan

1. In line with the revised UNFPA evaluation policy (DP/FPA/2013/5), evaluation at UNFPA serves three main purposes:

(a) It is a means to demonstrate accountability to stakeholders on performance achieved;

(b) It supports evidence-based decision-making;

(c) It contributes important lessons learned to the knowledge base of the organization.

2. As defined in the revised UNFPA evaluation policy, evaluations fall into two categories:

(a) *Corporate evaluations* are independent exercises undertaken by the Evaluation Office in order to assess issues that contribute to achieving the goals of the UNFPA strategic plan with regard to development effectiveness and organizational performance;

(b) *Programme-level evaluations* are managed by the business units in charge of the concerned programmes; independent external evaluators pre-qualified by the Evaluation Office conduct programme-level evaluations according to terms of reference approved by the Evaluation Office.

3. The budgeted evaluation plan is in accordance with the revised evaluation policy approved by the Executive Board in decision 2013/21, and is aligned with paragraphs 174 and 175 of General Assembly resolution 67/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system.

4. The purpose of the budgeted evaluation plan, 2016-2019, is to provide a coherent framework to guide the commissioning, management and use of evaluations at all levels of UNFPA; and to provide a basis for monitoring and reporting on UNFPA evaluation results.

5. The plan should be viewed as flexible and responsive to the changing context and emerging priorities. In order for the plan to support a balanced approach between strategic coverage and utility of evaluation, it is proposed that the plan cover four years, divided into two two-year periods. Firm proposals are presented for 2016-2017, and indicative proposals for 2018-2019. The plan will be reviewed and updated in 2017 to ensure it is fully aligned with the next UNFPA strategic plan and budget cycle.

II. Strategic approach to planning and coverage

A. Principles

6. The following principles have guided the elaboration of the quadrennial budgeted evaluation plan:

(c) It is based on the criteria put forward in paragraph 14 of the revised evaluation policy;

(d) It provides an adequate level of coverage and necessary alignment with the UNFPA strategic plan and business model;

(e) It provides reasonable and geographically balanced coverage;

(f) It ensures a balance between accountability and learning, with a clear focus on utility (a varied range of evaluation products to feed into key decision points);

(g) Human and financial resources invested in evaluation are commensurate with an appropriate level of coverage and with the necessary alignment with UNFPA strategic plan and business model;

(h) It was developed in a consultative process.

B. Selection criteria

7. All selection criteria, in the order of priority set in the policy, were used to guide the selection of corporate and programme-level evaluations.

C. Process

8. The quadrennial budgeted evaluation plan was developed in close consultation with relevant organizational business units. For corporate evaluations, an organization-wide consultation was conducted, followed by detailed consultations at headquarters level, and with other United Nations organizations (to identify potential joint evaluations). The selection of proposed programme-level evaluations is the result of consultations with the six regional offices. The plan was tabled for input from the Executive Committee and benefited from the engagement of the Executive Board at informal briefings in January and May 2015.

D. Evolving needs – new approaches

9. The development landscape in which UNFPA operates is changing fast. In particular, the sustainable development goals, new types of development partnerships and, within the United Nations, the 'fit for purpose' agenda will demand changes in the way UNFPA operates. Well designed, timely evaluations will be important to inform evidence-based decision-making and contribute to lesson learning in UNFPA. At the same time, the maturation of the UNFPA evaluation function and gradual strengthening of systems and capacities permit UNFPA to diversify the range of evaluations conducted at all levels, to better respond to lesson learning and accountability needs.

10. Since 2010, UNFPA has conducted 91 country programme evaluations, managed by country offices. By the beginning of 2016, six country programme evaluations will have been conducted by the Evaluation Office to develop evaluation methods, tools and guidance to support the optimal quality and utility of country programme evaluations conducted by UNFPA country offices. Looking ahead, the Evaluation Office aims to achieve broader engagement at country level; however, this is not possible under the current modalities and available resources. From 2016, the Evaluation Office will no longer conduct country programme evaluations; instead it will develop and pilot a new cluster approach to country programme evaluation. This will consist of evaluating clusters of up to five country programmes, selected on the basis of comparable contexts or development challenges relevant to UNFPA. Cluster evaluations would build on the planned timetable of country programme evaluations, enabling a more effective pooling of Evaluation Office and country office resources to facilitate lesson learning. The methodology would be based on a dual approach: assessment of country programme performance and cross-country learning on specific issues. Evaluation products would include stand-alone country programme evaluation reports and a synthesis report.

11. Increasingly, the United Nations system agencies are seeking to jointly evaluate their combined efforts, in particular in the context of joint programmes or where there are joint system-wide goals. The Evaluation Office will increase efforts to strategically engage in joint or system-wide evaluation initiatives. This may entail managing or conducting joint evaluations or participating in system-wide evaluation initiatives, engaging in reference groups or other joint engagements. A number of corporate evaluations have been identified as potential joint evaluations, subject to final agreement with the United Nations and other partners.

12 The proliferation of increasingly severe and complex humanitarian crises has required more and more UNFPA country offices to engage in humanitarian responses. UNFPA evaluation approaches need to address the specific requirements of assessing performance and lesson learning of humanitarian interventions. Coverage of UNFPA support in humanitarian settings will be reflected in the choice of thematic evaluations that will be conducted in this period. The Evaluation Office also aims to play a more active role in the management of evaluations of level three (L3) emergency responses, as member of the Inter-Agency Humanitarian Evaluation Steering Group.

13. It is vitally important for UNFPA to fully understand and utilize learning from both corporate and programme evaluations, particularly in relation to systemic and cross-cutting

issues. The Evaluation Office will conduct a mix of synthesis and meta-evaluation studies to allow for cross-cutting learning from corporate and programme evaluations.

14. In the past 10 years, there has been a significant increase in the use of impact-evaluation approaches by many development organizations and Member States. To date, UNFPA has limited experience in commissioning impact evaluations, although it actively draws on evidence produced by impact evaluations in the development of policies and programmes. UNFPA considers that the commissioning of impact evaluations would be of value to generate evidence in areas where there are key evidence gaps, in particular to inform decisions related to scale-up and replication of interventions. In light of the specialist skills and high costs to generate and analyse the complex data and information required for successful impact evaluation, UNFPA aims to focus on interventions relating to adolescent and youth under outcome two of the UNFPA strategic plan. UNFPA will work to identify partnerships and financial resources to support the commissioning and use of impact evaluations in this area.

15. It is anticipated that the range of programme evaluations will change over the next four years to reflect evolving evaluation needs, particularly at country and regional levels:

(a) In view of the revised evaluation policy, it is anticipated that the geographical coverage of UNFPA country programme evaluations will be reduced as countries conduct country programme evaluations every two cycles;

(b) At the same time, evaluations of United Nations Development Assistance Frameworks and Delivering as One, commissioned and managed by United Nations country teams, will become increasingly important.

(c) In recent years, there has been significant growth in earmarked funding, joint programming and joint programmes across UNFPA, particularly at decentralized levels. UNFPA is required to respond to a growing demand from donors and partners for evaluation of these programmes to meet accountability and learning needs.

(d) Regional programmes are an important level for delivery, and there is a need for a more diverse range of evaluations commissioned and managed by regional offices to meet accountability and lesson-learning needs.

16. In principle, these changes should lead to a diversified range of evaluations conducted at country and regional levels and by other business units, which, in turn, should increase the supply of evaluative evidence to better inform decision-making, strengthen accountability and transparency, and contribute to organizational accountability and learning. Some country offices are already planning and budgeting for diverse types of evaluations, as reflected in recent costed evaluation plans presented to the Executive Board. However, this evolution needs to be managed within the limits of UNFPA capacity to commission and manage evaluations to meet the United Nations Evaluation Group norms and standards, and subject to UNFPA quality standards.

17. At present, there is a lack of clarity regarding levels of coverage, funding and quality assurance of decentralized programme-level evaluations other than country programme evaluations. During the upcoming year, the Evaluation Office will develop comprehensive guidance to inform planning, management, resourcing and use of programme level evaluations.

E. Coverage

18. The quadrennial budgeted evaluation plan for 2016-2019 is aligned with outcomes and outputs set out in the UNFPA strategic plan, 2014-2017.

19. Corporate evaluations aim at addressing organizational-wide issues; in particular, they cover the outcomes and outputs of the UNFPA strategic plan and are aligned with the UNFPA business model. Corporate evaluations include thematic, institutional, joint, meta-evaluations and synthesis studies. They also include evaluations of major UNFPA-wide programmes, global trust funds and partnerships at the request of funding partners.

20. In the case of programme-level evaluations, emphasis is placed on country, joint and regional programmes (geographical and thematic coverage). Country programme evaluations are most common, with more limited coverage of regional programme, thematic and joint evaluations.

21. As per the revised evaluation policy, paragraph 13(a), country programme evaluations will be conducted at least once every two programme cycles. Reasonable evaluation coverage for the period 2016-2019 is therefore 50 per cent of those country programmes for which the end-of-programme cycle falls in the period 2017-2020.

22. With respect to evaluation of decentralized non-core funded programmes, an analysis by the Evaluation Office indicates that evaluation should be prioritized for multi-year programmes with a value greater than $5 million, subject to application of UNFPA evaluation criteria.

23. Where an evaluation of a United Nations Development Assistance Framework or Delivering as One is planned, these evaluations are reflected in costed evaluation plans that are presented to the Executive Board together with new country programme documents.

24. Evaluations at project level undertaken by the relevant project managers are not addressed in the revised policy; hence, they are excluded from the present plan.

III. Proposed corporate evaluations

25. The Evaluation Office followed three key steps to identify strategic evaluation priorities in relation to the strategic plan, 2014-2017, and to identify knowledge gaps where corporate evaluations would add value.

26. First, an analysis was conducted to assess the coverage of corporate evaluations in the past five years against the outcomes and outputs of the strategic plan. The analysis found that there had been broad coverage across all four strategic plan outcome areas, but limited focus at output level, with the exception of outcome one. There was strong coverage of outcome one, with a mix of thematic and programme evaluations. However, there were fewer corporate evaluations of the other three outcomes and no coverage of organizational efficiency and effectiveness. Priorities were also informed by analysis of the findings of recent audit reports, the reviews conducted by the Multilateral Organisation Performance Assessment Network (MOPAN)[1] and the Joint Inspection Unit (JIU),[2] and the preliminary findings of the country programme evaluation synthesis study.

27. Second, a long list of the potential corporate evaluations was compiled as the basis for organization-wide consultation, including a survey of country representatives and other senior staff in regional offices and headquarters. This generated a shortlist as the basis for detailed discussions to solicit engagement on evaluation priorities and seek advice on scoping and timing. Consultation was also undertaken with other United Nations organizations, with a view to identifying possible joint evaluations.

28. Third, all proposed corporate evaluations were subject to selectivity analysis to assess the relevance and utility of the proposed evaluation (based on the criteria set out in the revised evaluation policy paragraph 14). Annex 3 provides further information.

29. Table 1 below presents in summary form the broad topics proposed for evaluation by outcome area of the strategic plan, 2014-2017, and the sequencing of evaluations over the four years covered by the plan. The evaluations are expected to be commissioned in the designated year and, in most cases, completed the following year.

[1] MOPAN, United Nations Population Fund, Synthesis Report, 2014 (JIU/REP/2014/6)

[2] The JIU report is particularly useful, as it compares UNFPA to the evaluation function of 24 other organizations of the United Nations system.

Table 1. Proposed corporate evaluations and other evaluation products by outcome, 2016-2019

Plan outcomes	*2016*	*2017*	*2018*	*2019*
Outcome 1	Programme evaluation - end line evaluation of the H4+ joint programmes - Canada and Sweden (SIDA) Programme evaluation - midterm evaluation of GPRHCS II (*) Evaluability study - sexual and reproductive health services in humanitarian settings		Thematic evaluation - sexual and reproductive health services in humanitarian settings	Programme evaluation - final evaluation of GPRHCS II (*)
Outcome 2	Evaluability study - child marriage programmes	Thematic evaluation - comprehensive sexuality education programmes	Programme evaluation - child marriage programmes	
Outcome 3	Thematic evaluation - gender-based violence including in humanitarian settings	Programme evaluation - joint programme evaluation of female genital mutilation joint programme second phase	Thematic evaluation - gender equality, women's and girls' empowerment, and reproductive rights	
Outcome 4				Thematic evaluation - strengthening national capacity for using data to monitor and evaluate national policies and programmes
Organizational effectiveness and efficiency	Institutional evaluation - strategic framework for UNFPA global and regional interventions			Institutional evaluation - results based management
Crosscutting	Synthesis study - learning from UNFPA country programme evaluations 2014-2015 Cluster evaluation		Synthesis study - learning from UNFPA country programme evaluations 2016-2017 Meta evaluation - UNFPA work to address discrimination and to meet the needs of marginalized and vulnerable groups	Cluster evaluation

(*) Global Programme to Enhance Reproductive Health Commodity Security, 2013-2020

30. Under the plan, the Evaluation Office will conduct 12 corporate evaluations, including: five thematic evaluations, two institutional evaluations and five programme evaluations. This includes a number of potential joint evaluations.

31. The Evaluation Office will also complete three thematic evaluations (commissioned in 2014) in the first half of 2016.

32. The Evaluation Office proposes two cluster country programme evaluations. The first, to be conducted in 2016, will pilot the approach. If this approach is found to provide useful learning, a further evaluation will be conducted in 2018.

33. A number of cross-cutting evaluation products are proposed, with an emphasis on synthesis and learning: two synthesis studies of learning from country programme evaluations in 2014-2015 and 2016-2017; and a meta-evaluation of UNFPA work to address discrimination and meet the needs of marginalized and vulnerable groups.

34. All evaluations will be conducted and managed by the Evaluation Office, with the exception of cluster evaluations, which will be undertaken in partnership with UNFPA country offices, and joint or system-wide evaluations, which will be undertaken in collaboration with other agencies.

35. In addition, the Evaluation Office will participate in a number of other studies in partnership with other United Nations agencies.

(a) The Evaluation Office will contribute to up to two inter-agency humanitarian evaluations for level-three crises, subject to available resources.

(b) In 2015, two pilot independent system-wide evaluations commenced. Of these, the Evaluation Office is actively engaged in the evaluation of the contribution of the United Nations development system to strengthening national capacities for data collection and statistical analyses to support the achievement of the Millennium Development Goals and other internationally-agreed development goals.

(c) It is proposed to request a United Nations Evaluation Group peer review of the UNFPA evaluation function in 2017, with reference to the implementation of the revised evaluation policy.

IV. Programme-level evaluations

36. Programme-level evaluations primarily seek to inform the development of the subsequent programme or to contribute to broader lesson learning. They are conducted by external evaluators and managed by the business units responsible for the programme being assessed, as indicated in the paragraph 13(b) of the revised evaluation policy. Both country programmes and thematic programmes of regional relevance were considered in the analysis.

37. All country programmes for which the end of programme cycle falls in 2017-2019 were included in the analysis; with a particular focus on country programmes that have not been previously evaluated or where previous evaluations were unsatisfactory or poor.

38. The Evaluation Office and regional offices considered all selection criteria, in the order of priority established in the revised UNFPA evaluation policy, with feasibility being a key factor in selection of programme-level evaluations. Whether the conditions necessary to achieving good quality evaluations were in place is the responsibility of individual business units. These conditions refer to:

(a) Timeliness, both (i) ensuring that a critical mass of results have already materialized in the field and can contribute to data collection by the evaluators; and (ii) in completing the exercise within a time-frame that allows it to meet the needs of the main users at the most appropriate time;

(b) Evaluability, which depends in particular on (i) the results framework soundness; and (ii) the existence of a results-oriented monitoring system;

(c) The existence of skilled staff to manage the evaluation;

(d) The availability of adequate financial resources.

39. Overall, it is anticipated that 55 country programme-level evaluations will be conducted, across all six UNFPA regions (see table 2).

Table 2. Proposed country programme-level evaluations, 2016-2019

Regions	2016	2017	2018	2019	Total
Arab States	2	-	1	-	3
Asia and the Pacific	8	-	3	3	14
East and Southern Africa	1	3	2	3	9
Eastern Europe and Central Asia	1	-	1	1	4
Latin America and the Caribbean	4	2	5	-	11
West and Central Africa	6	6	1	2	15
Total country programme-level evaluations per year	**22**	**11**	**13**	**9**	**55**

40. In addition, it is estimated that there will be up to five programme-level evaluations per year. At this stage, it is not possible to reflect these evaluations in the plan, owing to the nature of decentralized programme development; however, they will be reported in the annual evaluation report.

41. Regional offices are working to expand the number and range of evaluations, both programme and thematic, conducted at regional level. Table 3 sets out initial proposals. Future developments will be reported in the annual evaluation report.

Table 3. Proposed regional-level evaluations, 2016-2019

Regions	2016	2017	2018	2019	Total
Arab States	-	1	-	-	2
Asia and the Pacific	-	-	-	-	-
East and Southern Africa	1	1	-	-	2
Eastern Europe and Central Asia	1	1	1	-	3
Latin America and the Caribbean	1	1	1	-	3
West and Central Africa	1	1	1	-	3
Total per year	**4**	**6**	**2**	**0**	**12**

V. Resources for evaluation

42. An effective evaluation function requires a secure and adequate investment in financial and human resources.

A. Human resources

43. Since 2013, there has been an increase of 28.3 per cent in the number of monitoring and evaluation officers in country offices, with a corresponding decline in the number of focal points. This is a positive trend; it reflects the growing importance placed on results reporting, monitoring and evaluation. Almost half of UNFPA country offices are now staffed with a dedicated monitoring and evaluation officer. On the other hand, staffing levels in the Evaluation Office and regional offices have remained unchanged, despite an increasing workload in light of the revised evaluation policy and in particular the request by the Executive Board to strengthen the decentralized function. It is essential that staffing and structures at both levels respond flexibly as the evaluation function evolves.

44. The Evaluation Office staff is responsible not only for the management of corporate evaluations but also for other activities for which the Office has responsibility. In 2016-2019, the Evaluation Office will continue its support to programme-level evaluations and the business units which manage them. This will be done in the following ways:

(a) Provision of methodological guidance on how to design and conduct programme evaluations at UNFPA;

(b) Training on programme evaluation methodology and coordination of professional development opportunities to develop the evaluation capacity of UNFPA country offices and of national counterparts;

(c) Coordination of evaluation procurement together with regional offices and the Procurement Branch;

(d) Dissemination of evaluation knowledge, through the UNFPA knowledge-management platforms, networks and communities of practice;

(e) Management of the quality assurance system of programme-level evaluations, in coordination with regional offices. A strengthened quality assurance system, covering programme and corporate evaluations, will be introduced in 2016.

45. The transitional budget and workplan for 2014-2015 did not fully reflect the range of roles and responsibilities required of the Evaluation Office to support the strengthening of the evaluation function. Experience implementing the evaluation policy since July 2013 has provided a clearer understanding of the level of human resources required to support the commissioning, management and use of credible evaluations across UNFPA.

46. The Evaluation Office will increase levels of mid-grade staff, and reorganize the responsibilities of existing staff to improve efficiency and strengthen evaluation practice. Use of strategic zero-cost secondments and other low-cost options is being explored, specifically to respond to the short-term need to build capacity at national level. In addition, the Evaluation Office proposes to make more systematic use of short-term contracts to provide specialist research support, as and when required throughout the planned period.

B. Financial resources

47. In line with emerging best practice, the revised UNFPA evaluation policy sets an overall target of 3 per cent of programme expenditure (regular and extra budgetary budget resources) as the recommended minimum level of investment in evaluation (DP/FPA/2013/5 (paragraph 32). In 2014, the budget on evaluation, as a proportion of UNFPA expenditure, was 0.37 per cent, well below the recommended investment. In response to the annual report on evaluation for 2014 (DP/FPA/2015/6) both UNFPA management and the Executive Board stated a commitment to better monitor evaluation expenditure and work to ensure that the level of resources is commensurate with the appropriate level of evaluation coverage and with the necessary alignment with strategic plan, 2014-2017, and its business model.

48. Currently, the majority of UNFPA expenditure on corporate and programme level evaluations is covered by the institutional budget, although most global trust funds and joint programmes and partnerships have specific budgets for evaluation. In view of the recent financing trends, in particular decline in core funding and growing proportion of non-core resources, it is necessary to establish a clear normative framework to guide resource allocation so that programmes funded on non-core resources allocate funds to evaluation as appropriate. This should ensure that funding for evaluation is balanced and sustainable; drawing on diversified funding sources to mirror the broader UNFPA resource mobilization strategy.

49. It is proposed that the resourcing of evaluation is guided by the following key principles:

(a) All evaluations are properly budgeted for at the design or planning phase;

(b) The Evaluation Office has management authority over the evaluation budget contained in the decentralized evaluation plan as a means to quality assure the subsequent evaluation process;

(c) Efforts are made to pool evaluation resources as a more efficient and effective means to evaluate cross-cutting issues of strategic value to UNFPA;

(d) Full transparency on the allocation of resources for evaluation is provided to all key stakeholders through annual reporting to the Executive Board.

50. UNFPA will fund the evaluation function from a blend of resources:

(a) *Institutional budget allocations.* The Evaluation Office receives resources as part of its institutional budget which contributes to funding the implementation of the UNFPA evaluation plan; for corporate evaluations and Evaluation Office staffing and operational costs.

(b) *Regular resources programme allocations.* In the case of evaluations of programmes funded under regular resources, it is proposed that responsible UNFPA business units will contribute up to 3 per cent of the regular programme resource allocation to fund the evaluation, as required. In the case of corporate evaluations, the evaluation budget line will be directly managed by the Evaluation Office. In addition, the Evaluation Office has the authority to pool funding from regular resources, as required, to initiate

corporate evaluations where a cross-cutting, thematic or system-wide evaluation has been identified but where insufficient funds are available from the institutional budget;

(c) *Extrabudgetary resource allocation to specific global, regional and country programme evaluations (including joint programmes)*. Budget requirements for the evaluation of these programmes are stipulated in cooperation / framework agreements established by the UNFPA revised evaluation policy. In the case of corporate evaluations, the evaluation budget line will be directly managed by the Evaluation Office. For decentralised programme evaluations, it is proposed that funding is set at up to 3 per cent of programme budgets. Two-thirds of this allocation is to be used for direct programme evaluation costs. One-third is to provide funding to the Evaluation Office to contribute towards quality assurance, dissemination of lessons learning and synthesis activities;

(d) *Extrabudgetary support from member states and partners*. The Evaluation Office proposes to engage in targeted resource mobilization on a bilateral or multilateral basis for specific evaluations that are not adequately funded via other modalities, and for evaluation capacity-building and national evaluation capacity-building initiatives. Interested Member States and donors will be approached to voluntarily contribute extrabudgetary resources under the management of the Evaluation Office. As part of this strategy, the Evaluation Office will also consider in-kind non-monetary contributions in the form of secondments and short-term expertise.

VI. Expected budget

51. Expected budgets are presented for corporate and programme-level evaluations, together with costs for the evaluation office. These are indicative resources, subject to availability. Budgets will be formalized as part of the formulation of the Integrated Budget.

52. The expected budget is intended to be a general guide rather than a strict budgetary structure. Some flexibility will also be required to meet ad hoc demands that may arise in the course of any given year and for participation in joint evaluations.

53. The overview of costs for corporate evaluations is provided in table 4 below. Further details are included in annex 1.

Table 4. Corporate evaluations – cost overview, 2016-2019

	2016-2017			*2018-2019*		
	Institutional budget	*Other resources*	*Regular resources*	*Institutional budget*	*Other resources*	
Thematic, programme and institutional evaluations						*Total*
Outcome 1		$1,296,000		$669,000	$653,000	$2,618,000
Outcome 2	$275,000				$628,000	$903,000
Outcome 3	$621,000	$451,000		$612,000		$1,684,000
Outcome 4				$587,000		$587,000
Organizational effectiveness and efficiency			$493,000	$485,000		$978,000
Subtotal (thematic, programme and institutional evaluations)	**$896,000**	**$1,747,000**	**$493,000**	**$2,353,000**	**$1,281,000**	**$6,770,000**
Other evaluation studies						*Total*
Synthesis and meta-evaluation	$60,000			$240,000		$300,000
Cluster evaluations	$173,000			$217,000		$390,000
Evaluability assessments		$60,000	$60,000			$120,000
Subtotal (other evaluation studies)	**$233,000**	**$60,000**	**$60,000**	**$457,000**		**$810,000**
Grand total – budget	**$1,129,000**	**$1,807,000**	**$553,000**	**$2,810,000**	**$1,281,000**	**$7,580,000**
Continued from 2014-2015						
Thematic evaluations (adolescents and youth, family planning, and census)	$252,157					

54. Based on recent experience, the Evaluation Office has allocated an average of (a) $450,000 to $550,000 to each major corporate evaluation; (b) $150,000 to $200,000 to more narrowly scoped evaluations; and (c) about $60,000 for evaluability studies and synthesis reports. The main costs are for consultancy fees and travel, based on the assumption that Evaluation Office staff closely scope, prepare and manage evaluations, including dissemination of evaluation results. In general, implementation is carried out by consultant teams, under the management of Evaluation Office staff.

55. The overview of costs for programme-level evaluations is provided in table 5 below. Further details are included in annex 2.

56. The cost of evaluations is borne by the country and regional programmes, and by other operational units.

57. The cost of a programme-level evaluation conducted at decentralized levels reflects the programme complexity, the related volume of activities, as well as the programme overall budget. The Evaluation Office estimates that the budget allocated to a country programme-level evaluation should be no less than $70,000, as there are fixed costs in undertaking an evaluation, driven for instance by the number of consultant days or the number of deliverables (design report, draft and final reports).

58. The budget norm for other types of decentralized programme-level evaluations is up to 3 per cent of the overall programme budget.

Table 5. Programme-level evaluations – overview of costs, 2016-2019

	Estimated budget	
	2016-2017	*2018-2019*
Country programme evaluations by region		
Arab States	$100,000	
Asia and the Pacific	$725,000	$660,000
East and Southern Africa	$400,000	$505,000
Eastern Europe and Central Asia	$70,000	$113,000
Latin America and the Caribbean	$405,000	$320,700
West and Central Africa	$1,029,000	$250,000
Total – country programme evaluations	**$2,729,000**	**$1,878,000**
Regional programme evaluations	$795,000	$180,000
Grand total	**$3,524,000**	**$2,058,000**

59. Table 6 provides an estimate of the overall cost of the evaluation function at UNFPA, including costs for the Evaluation Office. It apportions the amount for the Evaluation Office included in the Institutional Budget indicatively approved by the Executive Board to the period 2016-2017. Amounts for the Evaluation Office in the institutional budget for 2017-2018 are subject to approval by the Executive Board in due course.

60. The budget of the Evaluation Office funds not only the programme or corporate evaluations, but also other activities for which the Office has responsibility. These include its support and oversight role, in particular efforts to strengthen and professionalize the UNFPA evaluation function and underlying systems across the organization; and the participation of the Evaluation Office in partnerships and networks, primarily inter-agency activities aimed at strengthening and harmonizing evaluation within the United Nations system, as well as initiatives to develop national evaluation capacity.

61. It should be noted that the cost of the monitoring and evaluation advisers at regional level, as well as the country level monitoring and evaluation focal points or officers, are excluded from the estimates. UNFPA will explore how best to capture and monitor these expenditures from 2016.

Table 6. Overview of estimated budgeted cost of the evaluation function, 2016-2019

	2016-2017	*2018-2019*	*Total*
Evaluation Office costs (including staff)	$3,994,000	$4,289,000	$8,283,000
Corporate-level evaluations(*)	$3,489,000	$4,091,000	$7,580,000
Programme-level evaluations	$3,524,000	$2,058,000	$5,582,000
Estimated budget of the evaluation function – 2016-2019	**$11,007,000**	**$10,438,000**	**$21,445,000**

(*) Not included here the budget continued from 2014 thematic evaluations (see annex 1)

VII. Risks

62. Risks to the delivery of the evaluation plan include:

(i) *Financial and human resource constraints.* The implementation of the proposed quadrennial budgeted evaluation plan 2016-2019 may be adversely affected if funds are unavailable or curtailed, or if there are unforeseen staff movements. Close attention to financial and human resource planning, would help to mitigate these risks.

(j) *The strategic plan is superseded.* Due to the continuing volatility in the resourcing environment, and with key orientations expected to emerge from the post-2015 discussions, the UNFPA strategic plan, 2014-2017 may need to be revised in the course of its implementation. The rolling approach to evaluation planning would allow relevant adjustments in the evaluation plan to address any major changes in the UNFPA strategic direction.

VIII. Reporting

63. Progress in implementation of the quadrennial budgeted evaluation plan will be reported in the annual report on the evaluation function presented to the Executive Board each year.

The Evaluation Office will incorporate the lessons learned from implementing this plan, including the level of resources in relation to expected results, into the preparation of the next evaluation plan for the consideration by the Executive Board in 2017.

United Nations DP/2015/31–DP/FPA/2015/13

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

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Follow-up to UNAIDS Programme Coordinating Board meeting

Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS

Summary

The present report addresses the implementation of the decisions and recommendations of the Programme Coordinating Board (PCB) of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The report focuses on the implementation of decisions from the 34th and 35th PCB meetings, held in July and December 2014, respectively.

Elements of a decision

The Executive Board may wish to take note of the report.

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I. Context

1. Over the past 15 years, the Millennium Development Goals have driven considerable progress in halting and reversing the AIDS epidemic. Since 2001, new HIV infections have fallen by 38 per cent; new HIV infections among children have fallen by 58 per cent and, for the first time, dropped below 200,000 in the 21 most affected countries in Africa. We have record numbers of people accessing life-saving treatment. Of the 35 million people living with HIV, an estimated 15 million will be on treatment before the end of 2015. Over half (53 per cent) of global AIDS resources now come from domestic sources in low- and middle-income countries. The AIDS response has also contributed to progress on reducing child and maternal mortality, increasing access to services for sexual and reproductive health (SRH), tuberculosis and malaria.

2. Despite this progress, HIV remains a major obstacle to achieving health and development objectives; 1.5 million people died from AIDS in 2013. The world continues to face challenges that will require renewed focus and determination if we are to end AIDS as a public health threat. Reinvigorating prevention as well as a new global push to encourage people to come forward for testing is vital. AIDS deaths are increasing among adolescents and the disease is now the second greatest cause of death globally for adolescents. The World Health Organization (WHO) estimates that between 40 per cent and 50 per cent of all new HIV infections among adults worldwide may occur among key populations and their sexual or needle-sharing partners. At the same time, national responses and international programmes for key populations are inadequate. Programmes for key populations remain precariously dependent on external funding sources. At the same time, non-communicable diseases have become the leading forms of preventable illness, disability and mortality, costing national economies billions of dollars every year. The Ebola crisis also provided a stark reminder of the importance of investing in global health as a matter of human security. Governments need to step up to address the social, political and economic drivers of HIV and ill health overall.

3. In June 2003, the Executive Boards of UNDP and UNFPA, the United Nations Children's Fund (UNICEF) and the World Food Programme agreed that follow-up to UNAIDS Programme Coordinating Board (PCB) meetings be placed on the agendas of their Boards as a regular item.

4. The present report, prepared jointly by UNDP and UNFPA, provides an update on the decisions and recommendations from the 34th and 35th meetings of the PCB, held in June and December 2014, respectively. Issues of particular relevance to UNDP and UNFPA included the AIDS response in the post-2015 development agenda; intellectual property and HIV commodity security; and thematic segments on social protection and people who use drugs.

5. This report also provides an overview of UNDP and UNFPA results in addressing HIV, in the context of broader work on health, human rights and development. More detailed results for both organizations are available in the UNAIDS Unified Budget, Results and Accountability Framework performance report 2014 to the PCB. The oral presentation at the second regular session 2015 will include a synopsis of decisions and recommendations from the 36th PCB meeting held in July 2015.

II. Decisions and recommendations of the Programme Coordinating Board

6. This section gives a brief overview of the PCB decisions relevant to UNDP and UNFPA. Further information on how they are being implemented is included in section III.

HIV and the sustainable development goals

7. While sustainable development goal (SDG) negotiations are still ongoing, there is a growing consensus on a number of elements, including a target on ending the AIDS epidemic by 2030. Other targets in the health sector for universal health coverage and universal access to sexual and reproductive health (SRH) provide an opportunity to strengthen linkages and integration of HIV

responses into broader health policies and programmes. The post-2015 development agenda presents opportunities to promote synergies across development sectors (for example, on reducing inequalities and providing inclusive social protection, education, inclusive and resilient cities and decent work for all), which could all help drive progress towards ending the AIDS epidemic. Achieving the proposed AIDS target under the health SDG will not be possible unless significant progress is made across a number of SDGs. The successes of UNAIDS have been highlighted as a model of how the United Nations system can effectively leverage its diverse resources for high-impact multisectoral programming for SDG implementation.

8. The PCB expressed its support for the proposed AIDS target in the SDGs and has called for HIV-sensitive indicators throughout the SDGs. Support was also expressed for continued efforts to 'take AIDS out of isolation' and integrate HIV with health and development more broadly, though board members also urged that efforts should be made to ensure that AIDS is not obscured or deprioritized in the post-2015 development agenda. UNDP and UNFPA have followed up on this through providing, together with the United Nations Statistical Commission, technical expertise to Member States to formulate indicators that address the multiple dimensions of HIV.

UNAIDS strategy 2016-2021 and fast-track targeting

9. Given the strong support for ending the AIDS epidemic by 2030, the PCB has asked for the development of an updated UNAIDS strategy for 2016-2021, to drive progress towards ambitious fast-track targets (see figure 1).

Figure 1. UNAIDS fast-track targets

10. The UNAIDS Secretariat has led a consultation process to support the update and extension of the UNAIDS strategy, 2010-2015. Multi-stakeholder consultations have been held online and at the global and regional levels. Initial feedback from the consultations indicates consensus around a number of priorities: inequality and exclusion; gender equality and human rights; reinvigorating prevention; confronting emerging challenges to scale up treatment; empowering young people; and investing in strengthening community and health systems.

11. Coherence with the SDGs is central to the development of the strategy. This is being assured though a number of ways: alignment of priorities; targets and indicators; and ensuring the joint programme is 'fit for purpose' to support the ambitious scope and vision of the SDGs. The strategy and the accompanying Unified Budget, Results and Accountability Framework will be presented for endorsement at the 37th PCB meeting in October 2015.

Intellectual property and HIV

12. At the 35th PCB meeting, the non-governmental organization delegation presented a report, which focused on the impact of intellectual property in the quest to ensure access to affordable, high-quality HIV treatment for all people living with HIV. Board members expressed their concern about continuing high prices, especially for second-line and third-line antiretroviral treatments, and noted that more affordable prices will be required to achieve the 90-90-90 treatment target. They also expressed concern regarding the exclusion of many middle-income countries from voluntary licensing agreements and other schemes to lower drug prices. Board members cited the need to strike an appropriate balance between intellectual property rights and access to medicines and stated that UNAIDS is well placed to guide the work of countries in this regard.

13. The PCB urged UNAIDS to intensify technical support to countries to address intellectual property-related and other barriers to expanding access to HIV treatments and diagnostics. It asked UNAIDS to intensify its coordination with key partners, including the World Trade Organization and the World Intellectual Property Organization on issues relating to public health, intellectual property and trade. The Board also asked UNAIDS to collaborate with relevant partners to further develop price-reduction mechanisms to increase access to quality-assured HIV treatments and diagnostics.

Social protection and HIV

14. The 34th PCB organized a special thematic session focusing on HIV and social protection. Discussions showed that social protection addresses structural factors that increase vulnerability to HIV. There is a growing body of evidence demonstrating that it is an effective intervention for HIV prevention, treatment, care and support; and an increasing range of experiences has shown how social protection programmes benefit people affected by or living with HIV, including young women and key populations. For example, achievement of the 90-90-90 treatment target will require support for transport, free antiretroviral therapy, food and nutrition, and housing for many people living with HIV.

15. The session concluded that combining the movements on ending the AIDS epidemic, extreme poverty and inequality would present unprecedented opportunities for a reinvigorated AIDS response. A research agenda that lays out the pathways to social inclusion, social protection and equitable economic growth in different geographic and political settings, as well as HIV epidemic contexts is needed and will be an important step towards joint action on ending AIDS, extreme poverty and inequality. The PCB requested UNAIDS to work with partners to develop and strengthen national social protection systems.

HIV and people who inject drugs

16. The thematic session of the 35th PCB addressed the issue of HIV among people who inject drugs. An estimated 12.7 million people inject drugs worldwide, approximately 13 per cent of whom are living with HIV. Injecting drug use is found in nearly every country; it is a significant driver of the HIV epidemic, particularly in Europe and Central Asia. This population accounts for 5-10 per cent of all new HIV infections worldwide, and for 30 per cent of new infections outside sub-Saharan Africa. Presentations showed evidence on harm reduction as a way to reduce HIV transmission among people who inject drugs and to increase access to HIV prevention, treatment, care and support. They also revealed that harm-reduction programmes are highly cost-effective.

17. Board members emphasized the importance of the 2016 United Nations General Assembly special session on drugs as an opportunity to rethink international approaches to drug use. Grounding approaches to drug use in human rights, public health and development were emphasized. Board members and observers said that civil society has a critical role to play as full and equal partners in preparing for the special session. Board members expressed concern about the future of harm-reduction programming in many middle-income countries.

III. UNDP and UNFPA transformative results

18. The proposed post-2015 development agenda is ambitious and complex. Achieving the SDGs will require a strategic approach that harnesses key synergies across the goals and delivers shared gains. As the PCB has called for HIV integration across the SDGs, this section highlights the achievements of UNDP and UNFPA, structured according to the SDG areas that are most relevant to their respective roles in the AIDS response.

19. Progress on AIDS, health and development is interdependent. The AIDS response and efforts to promote health and development confront many shared obstacles, including inequalities, conflict, fragility, social exclusion and poverty. Working at the intersection of AIDS and key SDGs, addressing overlapping vulnerabilities and yielding multiple shared gains, so that common obstacles to HIV, health and development are addressed, is an effective way to progress on AIDS and simultaneously achieve other SDG targets.

20. The strategic plans of both UNDP and UNFPA make a corporate commitment to addressing the HIV epidemic as well as its causes and consequences. The vision outlined in the UNDP strategic plan, 2014-2017 (supporting countries to eradicate poverty while simultaneously reducing inequalities and exclusion) is needed to effectively address HIV. Recognizing the wide-ranging social and economic impact of HIV and the synergy between health and sustainable development, the UNDP strategic plan addresses HIV as a cross-cutting issue highlighted in two substantive areas of work: adopting sustainable development pathways and strengthening inclusive, effective democratic governance.

21. The UNFPA strategic plan, 2014-2017 aims to achieve universal access to SRH, the realization of reproductive rights and the reduction in maternal mortality. UNFPA focuses its work on family planning, maternal health, and HIV with an emphasis on adolescents, youth and women. This is enabled by efforts on human rights, gender equality and population dynamics.

End poverty in all its forms everywhere

22. There is a complex relationship between HIV, poverty and economic inequalities. AIDS can worsen poverty and there are strong associations between economic inequality and HIV vulnerability. UNDP supports over 50 countries in social protection. In several of these countries, including the Dominican Republic, India, Indonesia, Jamaica, Thailand and Uruguay, support was provided for HIV-sensitive social protection programmes. In India, this included support for the creation of the second state-level transgender welfare board. UNDP published a discussion paper on cash transfers and HIV prevention that analyses the evidence on cash transfers and HIV prevention, explores key issues, and offers strategies for moving forward policy, programmes and research in this area.

23. UNDP, together with the London School of Hygiene and Tropical Medicine and the STRIVE research consortium have developed an innovative approach to the cross-sectoral financing of structural interventions. UNDP and the Economic Policy Research Institute have developed course materials to introduce cross-sectoral financing approaches to policymakers in sub-Saharan Africa and demonstrate its applicability to cash transfers for HIV prevention, among other areas.

24. UNDP is carrying this work forward by developing operational tools for sensitizing cash-transfer programmes to HIV prevention, and supporting countries to integrate HIV-sensitive social protection into Global Fund grants and concept notes. UNDP is working with Member States in Latin America and the Caribbean to identify strategic engagement opportunities on social protection for HIV and health.

Ensure healthy lives and promote well-being for all at all ages

25. As more people living with HIV access treatment and live longer, they require a range of health services throughout their life cycle, in addition to antiretroviral treatment. UNFPA and UNDP are supporting health sectors to meet these evolving needs. A push for health equity through

universal health coverage is critical for leaving no one behind in the AIDS response. Universal health coverage can focus greater attention on promoting health equity, improving service quality, ensuring financial and social security, strengthening health and community systems, building coherence across different health areas and addressing the social and economic determinants of health. The AIDS response has promoted innovation in the way health services are funded and delivered, presenting good practices for implementation across the health goal. UNDP and UNFPA are supporting more integrated health-sector approaches to HIV.

- **Linking HIV and sexual and reproductive health**

26. SRH is inextricably linked to HIV. The Programme of Action of the International Conference on Population and Development committed the world to universal access to SRH, including HIV services. Though high-impact initiatives (Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive; Every Woman Every Child; and Family Planning 2020), UNFPA plays a leading role in promoting SRH and HIV linkages at policy, systems and service levels.

27. At the policy level, UNFPA is setting the agenda on SRH and HIV integration. A think piece (from a UNFPA-led task group of The UNAIDS and Lancet Commission: Defeating AIDS, Advancing Global Health) linking HIV and sexual and reproductive health rights (SRHR) in the post-2015 development agenda contributed to discussions on integrating SRHR in the SDGs. To strengthen monitoring of 'elimination of mother-to-child transmission' integration into SRH services, as part of the Inter-agency Working Group on SRH and HIV Linkages, together with WHO, International Planned Parenthood Federation, the UNAIDS Secretariat, UNFPA co-developed the *SRH and HIV Linkages Compendium: Indicators and Related Assessment Tools*, which includes two new pilot-tested integrated service delivery indicators. Seven countries provided support to operationalize them. The indicators have now been accepted and included in the UNAIDS Indicator Registry. An index of SRH and HIV integration is being developed in 2015, which will further strengthen the evidence base for policy advocacy.

28. At the systems level, UNFPA supported 14 countries to develop costed integrated national SRH action plan in 2014. In Mozambique, UNFPA supported the Ministry of Health to strengthen SRH and HIV integration through guidelines developed for HIV and family-planning service integration. In Uganda, backed by the President and the First Lady, UNFPA supported a costed implementation plan emphasizing the integration of family planning and HIV, focusing on maternal health and teen pregnancy, and the identification of high-burden districts to target for SRH and HIV services integration.

29. At the service delivery level, UNFPA is supporting countries to provide high-quality, rights-based SRH and HIV services. UNFPA support to Malawi resulted in an increased uptake of women and their partners in mother-to-child transmission services, and increased capacity of 136 health workers to deliver integrated SRH and HIV services. In Gambia, Guinea and Togo, health service providers were trained and commodities supplied to deliver integrated SRH and HIV services.

30. UNFPA remains the largest supplier of both male and female condoms to developing countries. In 2014, UNFPA procured 780 million male and female condoms for developing countries needing these commodities the most, mainly in sub-Saharan Africa. It reenergized its work on comprehensive condom programming, which had been implemented in 52 countries by 2014. The CONDOMIZE! campaign was expanded to Botswana, Swaziland and Togo; in the three countries, with mass social mobilization of volunteers, government and media, six million male and female condoms were distributed and six million people were educated through entertainment, newspapers and television.

31. The CONDOMIZE! campaign helped to attract participants to the testing and counselling drives in Botswana, Ethiopia, South Africa and the United Republic of Tanzania sites. These drives resulted in the largest number of people ever undertaking HIV testing and counselling during an

eight-hour period: 7,750 people across the four sites. The results are now included in the Guinness Book of Records.

- **Collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria**

32. As one of the major sources of financing for HIV and other health programmes, the Global Fund to Fight AIDS, Tuberculosis and Malaria is a strategic partner for both UNDP and UNFPA.

33. UNDP managed 50 grants from the Global Fund in 25 countries and one regional programme covering seven countries in South Asia, with expenditures totalling $412 million in 2014. UNDP contributions are currently helping 1.4 million people access life-saving antiretroviral treatment, equal to one in eight people on HIV treatment in low- and middle-income countries. Six countries (the Plurinational State of Bolivia, Islamic Republic of Iran, Kyrgyzstan, Sao Tome and Principe, Tajikistan and Zambia) have decreased the incidence of malaria by 75 per cent with support from UNDP. Thirteen countries (Angola, Belarus, Belize, Bosnia and Herzegovina, Cuba, El Salvador, Haiti, Kyrgyzstan, Montenegro, São Tomé and Principe, Syrian Arab Republic, Tajikistan and Turkmenistan) have exceeded the global target of 70 per cent of tuberculosis case detection rate set for 2015. In addition, 500 million condoms have been distributed and 22 million people have received HIV testing and counselling.[1]

34. UNDP-managed Global Fund grants contributed significantly to Zambia achieving a 25 per cent reduction in the incidence of HIV and 50 per cent fewer AIDS-related deaths. By mid-2014, 600,987 people living with HIV in Zambia were accessing life-saving antiretroviral therapy. Similarly, in Zimbabwe, supported by UNDP-managed Global Fund grants, AIDS-related deaths have decreased from 160,000 in 2001 to 39,000 in 2012; Zimbabwe has seen one of the sharpest declines in HIV prevalence in Southern Africa, from 27 per cent in 1997 to under 14 per cent in 2012.

35. As of January 2015, over 61 per cent of UNDP grants are rated A1 or A2 by the Global Fund, compared with 37 per cent of grants implemented by other partners, despite the fact that UNDP is operating in some of the most challenging environments. Thanks to capacity-development of national partners, six grants were handed over in four countries in 2015. Beyond the programme implementation, the past year has seen a further deepening in UNDP engagement with the Global Fund on human rights, key populations, gender, health systems capacity-development and sustainable financing. In 2014, as a part of the Global Fund's development continuum working group, UNDP led the discussion on delivering health programmes in challenging operating environments.

36. UNFPA signed a memorandum of understanding with the Global Fund on strengthening SRHR and HIV integration, focusing on 13 countries (Bangladesh, Chad, Côte d'Ivoire, Ethiopia, Eritrea, Indonesia, Mozambique, Nigeria, South Africa, the United Republic of Tanzania, Togo, Uganda and Zambia) to realize equitable access to integrated SRH services that are anchored in human rights and are gender responsive. Together with UNICEF, focused technical assistance is already being provided to countries on procurement and supply chain management to increase provision of life-saving SRH and HIV commodities. Monitoring data indicates that the memorandum of understanding has led to a doubling of UNFPA engagement in the Global Fund at country level.

37. As a growing number of countries are transitioning out of Global Fund eligibility, UNDP and UNFPA are co-convening with other partners the Equitable Access Initiative, which aims to ensure sustained financing for effective and evidence-based HIV programmes. Modelling suggests that 87 per cent of people living with HIV will reside in middle-income countries in less than 10 years' time. Over the next year, the Equitable Access Initiative is expected to propose a nuanced health and development classification that goes beyond traditional economic markers.

[1] Cumulative since beginning of implementation of grants, as of end-2013.

- **Ebola**

38. The Ebola outbreak in West Africa pushed the United Nations system to find new ways to respond quickly and effectively. UNDP and UNFPA built on their experiences in responding to HIV to make significant contributions. UNDP supported essential cash-payment programmes, which ensured an estimated 38,000 Ebola response workers in West Africa were paid on time. UNDP also supported essential community outreach, such as engaging motorbike taxi riders for intensive awareness-raising on Ebola, reaching between 150,000 and 200,000 people over a two-month period in Freetown, Sierra Leone. The Ebola outbreak had a direct impact on Global Fund programmes in Guinea, Liberia and Sierra Leone, jeopardizing the continuity of essential HIV services and retention of people on treatment. UNDP sought to secure access to interventions for antiretroviral HIV-prevention, including prevention of mother-to-child transmission, by helping country coordinating mechanisms to reprogramme existing Global Fund grants to ensure continuity of essential services.

39. UNFPA mobilized over 8,000 Ebola contact tracers, who monitored more than 90,000 contacts, to prevent further transmission. In Sierra Leone, UNFPA supported 450,000 women of reproductive age with reproductive health kits; in Guinea, it provided 10,000 pregnant and Ebola-cured women with hygiene and solidarity kits; and in Liberia, the Fund supported the furnishing of 370 health facilities nationwide (55 per cent) with supplies and equipment for infection prevention and control, as well as reproductive health, including kits for Ebola patients and survivors of gender-based violence (GBV).

- **Intellectual property and HIV**

40. In view of the importance of assuring sustained access to affordable HIV drugs and commodities, UNDP supported several low- and middle-income countries to improve treatment access outcomes by providing technical support to incorporate trade-related aspects of intellectual property rights (TRIPS) flexibilities relating to public health into national laws and policies in 2014. Countries benefiting from specific capacity strengthening on the incorporation and use of TRIPS flexibilities included Cambodia, Ghana, Indonesia, Kyrgyzstan, Lesotho, Myanmar, Republic of Moldova, Swaziland, Tajikistan and Zambia.

41. An initiative led by the New Partnership for Africa's Development to ensure the safety, efficacy and availability of medicines in Africa was bolstered through UNDP policy advice to the African Union's African Medicines Regulatory Harmonisation initiative. Other initiatives in Africa to strengthen the policy impacting affordable access to health technologies were also advanced with UNDP support, including in the Economic Community of West African States region on building pharmaceutical manufacturing capacity, and on pooled procurement in the Southern African Development Community. With the launch of a guidebook on using a competition law, a relatively underutilized but effective tool to promote access to health technologies, UNDP provided a broader set of policy measures for low- and middle-income countries to expand treatment access.

- **Adolescents and youth**

42. Adolescents and youth bear a significant burden of the HIV epidemic. Efforts to end the epidemic must concentrate on their health and human rights. The PCB requested UNAIDS to support countries to review age and gender barriers to HIV services. This is being operationalized through the 'All In!' campaign – a multi-partner collaboration that aims to end AIDS among adolescents. While all countries are encouraged to join in this global effort, All In! will initially focus on 25 countries encompassing all regions of the world, for intensified support. The initiative was formally launched in February 2015 in Nairobi, and gap analyses have already been undertaken in Jamaica, Swaziland and Zimbabwe. As its contribution to the campaign, UNDP is leading the analysis of laws related to age and gender barriers to HIV services for adolescents. UNFPA co-chairs work streams on country programme support, advocacy and communication, building on the Fund's leadership in youth engagement, empowerment of adolescent girls and access to SRH information and services.

43. UNDP and UNFPA will continue to strengthen and accelerate HIV programmes while finding synergies with other health programmes. This includes integrating HIV into broader health planning, identifying approaches for sustainable financing of comprehensive HIV responses and promoting greater efficiencies in programmes, particularly through integration and decentralization of services. To support countries to reap the benefits of the demographic dividend, UNFPA is advocating for investment in the education and health of adolescents and youth, in particular adolescent girls.

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

44. Effective education can help prevent new HIV infections and reduce HIV stigma by providing people with information about HIV and how it is passed on – and in doing so, empower people to live healthy and fulfilling lives. In 2014, UNFPA provided technical support to an additional 24 countries to develop comprehensive sexuality education curricula that are aligned with international standards, raising the total to 63. . UNFPA developed operational guidance for comprehensive sexuality education, which will guide future work for young people both in and out of school.

45. In Central Africa, UNFPA, in partnership with United Nations Educational, Scientific and Cultural Organization (UNESCO), revised DVD-based training modules and trained over 1,000 teachers; 420 trainers/supervisors were trained on similar information and communications technology-based modules in Cameroon, Chad, Congo and Gabon. UNESCO and UNFPA supported teacher training in Armenia, Kazakhstan, Kyrgyzstan and Ukraine on SRH and HIV, and an information and communications technology-based training course developed for teacher preparation on health education reached 26,000 educators in the region.

46. UNFPA broke new ground in innovative approaches to engaging adolescent in SRH and HIV. In Cambodia, for example, one million young people were reached through the Love9 social media campaign. UNFPA supported creative peer education approaches to SRH and HIV education in the Arab States region. Theatre-based peer education reached 32,000 young persons in Lebanon, 12,000 in Egypt and 18,000 in the rest of the region; in addition, the Y-PEER 'Let's Talk' campaign reached 1,490,000 young people.

47. UNFPA and UNESCO signed a memorandum of understanding, which will further strengthen their collaboration on comprehensive sexuality education and SRH for adolescents and youth. This will be driven forward through the implementation of UNFPA operational guidance and supporting the implementation of regional commitments.

Achieve gender equality and empower all women and girls

48. Globally, men and women make up an equal share of the people living with HIV. However, in sub-Saharan Africa, women account for 58 per cent of people living with the virus. For social and physiological reasons, adolescent girls and young women are particularly vulnerable; with HIV infection rates more than double those of males in the same age group. HIV is the leading cause of death among women of reproductive age, and it contributes significantly to maternal mortality due to progression of the disease itself and through higher rates of sepsis, anaemia and other pregnancy-related conditions.

49. UNDP and UNFPA, together with UN-Women, are co-convenors within UNAIDS on work on gender equality and women and girls' rights. Achievements in 2014 centred on supporting enabling legal and policy environments, empowering women's groups and addressing GBV.

- **Supporting enabling legal and policy environments**

50. UNDP and UNFPA developed tools to support the integration of gender equality and human rights throughout the planning cycle of HIV prevention and treatment efforts; these include the UNAIDS gender assessment tool; the UNDP road map on mainstreaming gender into national HIV strategies and plans; the UNDP Checklist for Integrating Gender into the New Funding Model of

the Global Fund; and the SRH and HIV Linkages Compendium: Indicators and Related Assessment Tools, produced by the Inter-agency Working Group on SRH and HIV/AIDS Linkages.

51. UNDP strengthened the inclusion of HIV in national gender plans, policies and laws in over 41 countries. Examples include the development and implementation of a monitoring plan on HIV and gender in Malawi; incorporating linkages to gender, GBV and sexual reproductive rights in Namibia; integrating HIV in the five-year national strategic plan on gender equality and the empowerment of women in Cambodia; integrating HIV into the draft sexual-offense bills of Somalia and Jamaica in Asia-Pacific; integrating HIV services into antenatal facilities in Papua New Guinea.

52. In Viet Nam, UNDP, together with the UNAIDS Secretariat, UNICEF and UN-Women, supported consultations on the revision of laws on family and marriage, social insurance and civil status to better reflect gender equality and to remove discriminatory provisions against vulnerable groups, such as children, women, the lesbian, gay, bisexual and transgender (LGBT) people, people living with HIV and key populations. These consultations helped Viet Nam to broaden eligibility for compulsory social insurance. Similarly, in Mozambique, UNDP and the Joint UN Team on AIDS supported the Government and civil society, leading to the passage of a law that decriminalizes HIV transmission and the revision of the civil code and other relevant legislation to ensure greater protection for women. Advocacy with and training for 50 parliamentarians on enabling legal environments, human rights and gender equality by UNAIDS Secretariat, UN-Women, UNFPA and UNDP contributed to the adoption of a protective law on HIV and AIDS for people living with HIV in Côte d'Ivoire.

53. UNDP assisted national partners' environmental and social impact assessment (ESIA), increasing funding from capital projects for gender-responsive HIV programming in at least eight countries. For example, Lesotho improved analysis of HIV and gender in ESIA reports; Mozambique included HIV and gender integration in ESIAs in the new HIV national solidarity programme; Botswana has developed a customized ESIA guideline and established a multisectoral national ESIA monitoring team; South Africa has included a study on the Medupi power station and its overall impact on HIV and gender relations in surrounding communities, and among construction workers.

54. UNDP developed technical guidance to assist countries to integrate gender into national strategic plans and Global Fund processes, resulting in greater attention to the gender dimensions of HIV in Global Fund concept notes and programming in at least eight countries, and guidance for country coordinating mechanisms (Pakistan), national dialogues (Zambia) and concept notes (Kyrgyzstan).

Empowering women's groups

55. UNFPA continued to support activist networks and organisations engaged in policy dialogues to improve the SRH and HIV dimensions of the lives of women and girls. Financial and technical support was provided to sex work networks, and to the Global Network of People living with HIV and the International Community of Women Living with HIV/AIDS to shape policy; the related joint survey on the quality of family planning services for women living with HIV in Cameroon, Nigeria and Zambia was instrumental for influencing rights-based elimination of mother-to-child transmission and family planning programming.

56. UNDP supported engagement of gender and women's movements with networks of HIV affected women and girls. The Karama initiative addresses the needs of women living with HIV through 17 civil society organizations, reaching over 1 300 beneficiaries in seven Middle Eastern and North African countries and nearly 300 micro-projects. It was highlighted as a 'regional development solution' during the first Global South-South Development Expo. UNDP also supported South-South learning and engagement of women living with HIV and sex worker rights networks, for example, between the Eurasian Women's Network on AIDS and the Sex Workers' Rights Advocacy Network.

Addressing gender-based violence

57. UNDP and UNFPA have consistently promoted recognition of GBV as a cause and consequence of HIV, reflected throughout their work on SRHR and HIV linkages. UNFPA South Africa supported a study on violence against women, which is the first ever national effort to gather and analyse data on the scale, determinants, consequences, and responses to GBV in South Africa; this will help shape the country's national solidarity programme on GBV.

58. In South Africa and Botswana, UNFPA strengthened male involvement to support gender equality and GBV prevention using the 'One Man Can' toolkit and modalities. UNFPA Botswana supported a nationally-aired 12-episode radio series and eight call-in radio programmes on SRH, HIV/GBV prevention, condoms, and gender equality. It trained 20 media personnel, resulting in increased coverage of adolescent SRH issues; reached 1,372 marginalized young people and 4059 community members through cultural dialogues, focus-group discussions, youth engagement sessions and other outreach addressing GBV, HIV, gender and cultural and social norms.

59. In 2014, UNDP supported GBV programming in over 30 countries, including specific focus on access to justice in approximately 20 countries. In Papua New Guinea, UNDP support resulted in a GBV strategy, with HIV as a key focus area, addressing the links between violence and HIV transmission; and increased programming for GBV and HIV service provision. UNDP launched a regional initiative with Caribbean Vulnerable Communities, ICW Latina and others to address discrimination against women and girls living with HIV in health-care settings; supported education for nurses and police in Guyana on HIV and GBV in order to reduce discrimination and provide universal access to HIV services; assisted Cambodia to implement its new national action plan on violence against women, with special focus on violence faced by women and girls living with HIV and AIDS, including female sex workers.

60. UNDP supported South-South learning for the Eurasian Women's Network on AIDS with UNFPA, UNAIDS and UN-Women. Capacity-building activities were provided for representatives from national-level associations of women living with HIV from 11 countries (Armenia, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan) with training to gather evidence on GBV/HIV linkages.

61. UNFPA Zambia supported the Government to incorporate GBV in the revised National HIV and AIDS Strategic Framework 2014-2016, and the national gender policy addressing gender-related causes and impacts of HIV among women and girls, and to continue to roll out the Anti-Gender Based Violence Act of 2011, reaching an estimated 1,000 survivors of GBV with SRH and HIV health services.

62. UNDP and WHO organized a multi-country regional consultation in East and Southern Africa on linkages between the harmful use of alcohol, GBV and HIV that needed policy reform. Participating countries identified priorities and key activities for follow-up. In the Democratic Republic of the Congo, participants in a multisectoral consultation officially adopted a road map on actions to address HIV, GBV and alcoholism, and pledged to raise funds and take action.

63. Looking forward, many challenges remain in addressing the HIV-related needs and the rights of women and girls. These include deeply rooted harmful norms, inadequate resource allocation and a lack of sex-and-age disaggregated data. The UNAIDS agenda for women and girls, which guided the work of the joint programme for the last five years, expired at the end of 2014. It is being reviewed; findings will inform future activities on HIV, gender and the rights of women and girls.

Reduce inequality within and among countries

64. The intersection of AIDS and inequalities provides further opportunities to take the AIDS response out of isolation. AIDS is a disease of inequality, and it disproportionately affects socially marginalized communities. The AIDS movement has demonstrated the importance of putting people and those most affected at the centre of the response, addressing inequalities among social

groups, including criminalized populations and those who have lower rates of access to health care, housing and HIV prevention, as well as higher rates of poverty.

65. Key populations – a term that principally refers to sex workers; men who have sex with men; people who use drugs; and transgender people – are disproportionately affected by the HIV epidemic. Currently, programmes to reach key populations account for just 4 per cent of HIV expenditure. UNAIDS recommended that this expenditure increase to 14 per cent.

66. UNDP and UNFPA worked with WHO and other partners on normative guidance, including consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations. In light of rising HIV infections in adolescents and young people, the joint programme drafted technical briefs on HIV and young key populations. Following the success of the sex workers implementation tool, implementation tools for the other key populations were initiated by UNDP, UNFPA and their partners, all to be released in 2015/2016. UNDP worked with the International Labour Organization on a manual on the rights of LGBT workers. UNFPA strengthened key population normative guidance, including co-editing *The Lancet* series on HIV and sex work, which summarized current strategic information and best practices, an Asia-Pacific curriculum for tailoring global tools to country contexts, and a North Africa policy concerning sex work and migration. In addition, UNDP, UNFPA and the Global Network of Sex Work Projects jointly chair the UNAIDS Steering Committee on HIV and Sex Work, which provides strategic guidance on policy, programmatic and data requirements on sex work.

67. UNDP and UNFPA, working with the World Bank, WHO, the Global Fund, MEASURE Evaluation, the United States President's Emergency Plan for AIDS Relief and other key partners, are supporting 38 countries to conduct size estimations and programmatic mapping of key populations for better tailored national and city-level responses. Four countries (Democratic Republic of the Congo, Dominican Republic, Madagascar and Mauritius) have already completed this research.

68. 'Being LGBT in Asia' is a ground-breaking joint initiative by UNDP and the United States Agency for International Development, bringing together grass-roots LGBT organizations, community leaders and national institutions to understand the challenges faced by LGBT people in Asia. Working in eight countries – Cambodia, China, Indonesia, Mongolia, Nepal, Philippines, Thailand and Viet Nam, the effort examines LGBT-lived experiences from human rights and development perspectives. The initiative has established an evidence base on LGBT rights and social issues in the region by convening eight inclusive national dialogues and a regional dialogue. A second phase has started with additional support from Swedish International Development Authority.

69. UNDP and UNFPA supported an innovative study to address violence against sex workers with the Asia Pacific Network of Sex Workers/Centre for Advocacy on Stigma and Marginalisation and the UNAIDS regional support team. Sex workers were centrally involved in conducting research as peer interviewers, supported by qualitative researchers in the four country studies in Indonesia, Myanmar, Nepal and Sri Lanka. Among the findings were that all respondents experience some form of violence, including rape, gang rape, arbitrary detention, beatings, humiliation and public shaming. Often, the perpetrators were members of the police forces. This data is already guiding policy and legislative advocacy and technical support in 2015 and beyond.

70. UNFPA and UNDP assisted review of regulatory frameworks affecting key populations in several countries: occupational health and safety standards for sex workers were improved in China and Colombia; sex work ordinance in Viet Nam was amended to include harm-reduction programming and human rights protection; legal support was provided to people living with HIV and key populations in Georgia; Thailand removed parental consent requirements for adolescent HIV testing and counselling; a series of legal/policy reviews occurred across Eastern and Southern Africa on adolescent SRH and GBV including for LGBT youth within schools.

71. The continued use of a 'health lens' approach allows for pragmatic public health responses, including engagement of both health providers and key population networks. However, inadequate attention has been given to improving the legal status, human rights, and other enabling environment issues that block their access to services. UNDP and UNFPA will continue to support and link both community-led and government responses to facilitate continued impact.

Make cities and human settlements inclusive, safe, resilient and sustainable

72. As the world becomes increasingly urbanized, so too is the HIV epidemic. Population growth and urbanization are projected to add 2.5 billion people to the world's urban population by 2050. It is estimated that in sub-Saharan Africa, HIV prevalence in urban areas is now double that of rural areas. Focusing on municipal levels allows HIV responses to have a more granular and targeted approach. Building on the UNDP/UNFPA-led Urban Health and Justice initiative, UNAIDS launched on World AIDS Day 2014 the Fast-Track Cities initiative.

73. In 2014, the Urban Health and Justice initiative operated in over 42 cities strengthening local governance and planning with direct engagement of key populations groups of men who have sex with men, sex workers, transgender people and people who use drugs, to improve the responsiveness of local HIV strategies to the needs of these communities. In Mozambique, services for key populations in cities were integrated in the new national strategic plan on AIDS. In Asia-Pacific, WHO and UNDP are rolling out a training package to address stigma and discrimination in health-care settings with government health departments and community-based organizations in 12 countries.

Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

74. Stigma and discrimination against key populations remain one of the major barriers to effective HIV responses worldwide. Punitive laws remain in place against people living with HIV, sex workers, transgender people, men who have sex with men and people who inject drugs in many countries. Lack of domestic resources, limited quantitative data and insufficient focus on key population programming perpetuates this discrimination and limits the effectiveness of responses. The 35th PCB reflected on a report on actions taken by the joint programme to reduce HIV-related stigma and discrimination in all forms.

75. In 2014, UNDP supported Governments and civil society in advancing the recommendations of the Global Commission on HIV and the Law in 84 countries. UNDP developed guidance documents on how to conduct legal environment assessments (LEA) and national dialogues to support countries in advancing the findings and recommendations of the Global Commission on HIV and the Law. The documents have been used to support countries in pursuing law reform in several countries. The LEA tool is now a part of Global Fund's guidance on developing HIV concept notes; the guidance will also be adapted for tuberculosis and malaria.

76. National dialogues on HIV and the law were held in 19 countries in Asia and the Pacific region. In Pakistan, the dialogue led to the passing of the Sindh Provincial AIDS Law, the first AIDS law in South Asia. The Governments of Bangladesh, India, Nepal and Pakistan recognized transgender/*hijra* as a third gender. UNDP supported a regional HIV legal network providing people with HIV and key populations in Eastern Europe and Central Asia (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation and Ukraine) with access to quality free legal aid. From January to September 2014, more than 1,200 requests for HIV-related legal assistance were processed. In Africa, UNDP support resulted in HIV-related law review and reform in Lesotho, Namibia, Swaziland and United Republic of Tanzania; the East African Community developed and validated an analysis of how HIV laws of partner States align with the new HIV bill of the East African Community; and the Economic Community of West African States Secretariat drafted a minimum HIV law package for adoption by member States.

With support from UNDP, Chad amended current laws to include protections for people living with HIV; Mozambique approved a new HIV law free of provisions criminalizing HIV transmission; and Nigeria passed an anti-stigma bill. In the Arab States, UNDP supported the Government of Djibouti to commit to ratifying the Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV.

77. UNDP supported the establishment of the Africa Regional Judges' Forum on HIV, Human Rights and the Law. The first forum comprised of judges from Botswana, Kenya, Malawi, Namibia, South Africa, Swaziland, the United Republic of Tanzania and Zimbabwe. Discussions at the forum focused on challenging current laws, and criminalizing provisions posed in preventing access to HIV, health and other social services for women and girls, people living with HIV and key populations. The forum agreed to form a core group of judicial experts, who will capacitate themselves to become an expert group for judicial excellence in the context of HIV, human rights and the law in the region.

78. UNDP supported six countries in Latin America to revise HIV laws (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Uruguay). Two laws have been presented to parliaments in Costa Rica and Uruguay, and one law has been approved in Honduras. UNDP supported the review of gender identity laws in Costa Rica, El Salvador, Guatemala and Nicaragua. Support was provided to the Dominican Republic to remove punitive articles from draft HIV legislation and to support the drafting of anti-discrimination legislation.

79. Laws and policies need to be continuously monitored since positive changes can be easily be reversed. By succinctly laying out the public health and human rights evidence and advancing the rationale for legal reform, the report of the Global Commission brings further impetus and focus to these efforts, and facilitates sharing good practices between countries. It is therefore important to continue to support countries in advancing the Commission's follow-up in collaboration with stakeholders including interested governments, United Nations partners and civil society.

IV. Conclusion

80. The SDG implementation agenda offers a unique opportunity to adopt a more people-oriented approach to global health that leaves single-sector approaches behind, and addresses the structural drivers of the HIV epidemic. In the context of HIV, this means scaling up critical AIDS and SDG strategies that deliver shared gains, ensuring policy environment support sustaining these benefits, and expanding the AIDS and SDG partnerships to mobilize a broad range of health and development actors. Without a more joined-up way of working, the international community will not be able to ensure healthy lives and well-being for all.

81. Two agenda-setting processes in 2016 will have a major impact on the future of the global response to AIDS: the United Nations General Assembly Special Session on drug policy and the High-level Meeting on AIDS. UNDP and UNFPA will support Member States to use the Special Session as an opportunity to rethink international approaches to drug use to be more inclusive of human rights and public health. UNDP and UNFPA will support the High-level Meeting on AIDS to reinvigorate political commitment to ending AIDS as part of the SDG agenda, which will be informed by the UNAIDS strategy 2016-2021.

82. Redoubling efforts to reduce inequity, confront stigma and discrimination, and ensure the human rights of all people, will be critical to ending the AIDS epidemic. Looking forward, there is a strong global consensus on the proposed target of ending the AIDS epidemic by 2030. By fully implementing the fast-track approach of the UNAIDS strategy, UNDP and UNFPA, together with other co-sponsors and the UNAIDS Secretariat, could avert nearly 28 million new HIV infections and 21 million AIDS-related deaths by 2030.

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UNITED NATIONS POPULATION FUND

Extensions of country programmes

Summary

The present note contains information on the extensions of UNFPA country programmes. First-time extensions of country programmes up to one year are approved by the Executive Director, and presented to the Executive Board for information. All other requests for extensions of country programmes are submitted to the Executive Board for approval.

The Executive Board may wish to take note of the six-month extension of the country programme for Ethiopia and the first one-year extensions of the country programmes for Brazil, Burkina Faso, the Democratic People's Republic of Korea, Kyrgyzstan, Mozambique and Ukraine, as presented in table 1.

The Executive Board may wish to approve the second, one-year extension of the country programme for Côte d'Ivoire, as presented in table 2.

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Table 1

Extensions of country programmes approved by the Executive Director

Country	*Original programme period*	*Period approved for extension*	*Reason for extension*
Brazil	2012-2015	2016	Following general elections in October 2014, the United Nations country team (UNCT) began planning for the new United Nations Development Assistance Framework (UNDAF) cycle. The Government of Brazil and the UNCT agreed to extend the current UNDAF by one year, through 2016, to align it with the national planning cycle. UNFPA will focus support on (a) reduction of vulnerabilities and disparities, especially among people with disabilities, Afro-descendants and indigenous people, youth and most-at-risk populations; (b) advocating for sexual and reproductive health (SRH) and reproductive rights; (c) expanding South-South cooperation; (d) promoting local ownership by using participatory approaches to programme development, implementation, monitoring and evaluation; (e) strengthening and building strategic partnerships with key research and academic institutions to collect and disseminate reliable, comparable and disaggregated data; and (f) promoting the interlinkages between population and sustainable development
Burkina Faso	2011-2015	2016	The Government of Burkina Faso and the UNCT agreed to extend the current UNDAF for one year, through 2016, in order to align the next UNDAF with national development planning cycles and to better respond to national priorities and ensure national mechanisms for monitoring and evaluation. UNFPA will focus support on (a) access to integrated maternal and neonatal health services; (b) family planning services for vulnerable women and youth, including in humanitarian settings; (c) national capacities for youth-friendly services on sexual and reproductive health services and HIV prevention; (iv) strengthened national legal framework to address gender equality, gender-based violence, sexual and reproductive rights; (v) national and regional capacities to collect, use and disseminate quality statistical data for the integration of population dynamics, reproductive health, youth and gender equality in development policies and programmes.
Democratic People's Republic of Korea	2011-2015	2016	The Democratic People's Republic of Korea is facing United Nations and international sanctions. The closure of banking channels for international cash transfers has affected the programme delivery of the United Nations agencies, they have been facing difficulties to transfer funds for their humanitarian and development operations since 2013. Local cash payment for services is a major issue for the United Nations agencies and procurement of certain essentials for the programmes is difficult due to the sanctions. This has resulted in prioritization of some programme activities and suspension of others to reduce operational expenditures in the country. The UNCT requested to extend the United Nations Strategic Framework, 2011-2015 by one year, through 2016. The Government has endorsed the request and agreed to the extension of the associated country programmes. A one-year extension of the UNFPA country programme will allow for harmonization with other agencies and the United Nations Strategic Framework.
Ethiopia	2012-2015	January - June 2016 (six months)	The Government of Ethiopia and the UNCT agreed to extend the current UNDAF for six months, to June 2016, to align it with the Ethiopia fiscal calendar and the Government planning cycle. The current Growth and Transformation Plan is ending, and the Government is currently preparing the next plan, covering the period 2015/2016–2019/2020, which will start in July 2016. UNFPA will focus support on (a) preparation of the Demographic and Health Survey in 2016 and the population and housing census, planned for 2017; (b) population situation analysis for advocacy and policy dialogue; (c) strengthening reproductive health commodity security coordination mechanisms and increasing the capacity for family planning; (d) improving maternal health through interventions focused on preventing and treating obstetric fistula, and emergency obstetric and neonatal care; (e) advocating for incorporation of the SRH needs of adolescents and youth in national laws, policies and programmes; and (f) enhancing national protection systems for advancing reproductive rights by addressing gender-based violence.

Country	*Original programme period*	*Period approved for extension*	*Reason for extension*
Kyrgyzstan	2012-2016	2017	The Government of Kyrgyzstan agreed with the UNCT to extend the current UNDAF by one year, through 2017, to harmonize it with the National Sustainable Development Strategy, 2013-2017. The UNCT is focusing on promoting sustainable development, peacebuilding, the post-2015 development agenda and advocating for protection and promotion of human rights. The unstable economic situation, the complex preparatory process for parliamentary elections, and Kyrgyzstan joining the Customs and Eurasian Economic Union define the development agenda in the country; they are major challenges that require engagement of UNCT. UNFPA will focus support on (a) reducing maternal mortality and improving maternal health and access to high-quality integrated SRH services; (b) empowering young people, particularly in development policies and in ensuring access to comprehensive sexuality education; (c) strengthening national capacity for advancing reproductive rights, promoting gender equality and non-discrimination, and addressing gender-based violence; and (d) strengthening national capacity for the generation, analysis and dissemination of high-quality disaggregated data to inform decision-making and policy formulation.
Mozambique	2012-2015	2016	The Government of Mozambique and the UNCT agreed to extend the current UNDAF by one year, through 2016, to align the UNDAF to the Government planning cycle. The current National Poverty Reduction Action Plan, 2011-2014 has been extended through 2015, which will allow the UNCT to participate in the national development plan process. In response to the Government's request, the new UNDAF, to be developed in 2016, would take into account and support the priorities of the next national development plan, and be aligned to the sustainable development goals. UNFPA will focus support on: (a) increasing capacity for family-planning demand generation; (b) strengthening partnerships, using evidence to position the International Conference on Population and Development in the national post-2015 development agenda; (c) strengthening reproductive health commodity delivery mechanisms; (d) improving maternal health through interventions focused on preventing and treating obstetric fistula as well as emergency obstetric and neonatal care; (e) advocating for incorporating the SRH needs and rights of adolescents and youth in national laws, policies and programmes; and (f) enhancing national protection systems for advancing reproductive rights by addressing gender-based violence.
Ukraine	2012-2016	2017	Since 2014, Ukraine has experienced mass public protests resulting in government change, bolstered through extraordinary presidential and parliamentary elections. The country has faced armed conflict in the Donbas region, significantly worsening the humanitarian situation, including massive internal displacement of hundreds of thousands of people. The current Government is the fourth since the beginning of the country programme cycle. Following the signing of the European Association Agreement, the role of the European Union in development assistance has strengthened; however, the need to address the ongoing humanitarian situation decreases the resources available for development priorities. The Government of Ukraine and the UNCT decided to extend the Ukraine-United Nations Partnership Framework 2012-2016 for one year, through 2017, to better align the next cycle of cooperation with the new priorities and needs of the country. Accordingly, the associated country programmes will also be extended for one year.

Table 2

Country programme extensions for which the approval of the Executive Board is sought

Country	*Original programme period*	*Period proposed for extension*	*Reason for extension*		
			In-country development	*United Nations harmonization*	*Implementation or other issues*
Côte d'Ivoire	2009-2013 2014-2015 (first extension)	2016 (second extension)	Four years following the post-election crisis of 2010, progress has been made towards more stability in the sociopolitical and security areas, but the country still faces a number of challenges, as the root causes of the Ivorian conflict are not yet completely resolved. Presidential elections will be organized in the latter part of 2015. This will certainly have an impact on all operational activities of the country. The consolidation of peace to support social cohesion among different communities has been strengthened through a number of initiatives: Dialogue, Truth and Reconciliation Commission, the Permanent Dialogue Framework, and the provisional release of political prisoners.	In order to better align the United Nations programmes with the Government cycles and the national priorities, the current UNDAF was extended by two years, through 2015. In March 2014, the Government started planning a new national development plan to cover the period 2016-2020. The planning process, initially scheduled to be completed by June 2014, was completed in May 2015. Based on this expanded timeline, the UNCT and the Government decided to extend the UNDAF by one more year, through 2016. Accordingly, the UNFPA country programme will also be extended for one year, through 2016.	In support of the national priorities, UNFPA will address the needs of adolescents and youth, particularly in combatting early marriage and early pregnancy, as well as gender-based violence and female genital mutilation. UNFPA will focus support on: (a) policy dialogue and integration of population dynamics, including the needs of young people, SRH and gender equality, in national strategies and development plans; (b) supporting national data collection and thematic analysis; (c) strengthening emergency obstetric and neonatal care; (d) increasing access to family planning services and strengthening reproductive health commodity security; (e) increasing utilization of high-quality prevention services for HIV and other sexually transmitted infections, especially for young people and sex workers; and (f) promoting gender equality and responding to gender-based violence.